UN 82

SPRING 2015

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ParenTING

YOU HAVE SO MUCH TO LIVE FOR

Have someone around when you use; they can call "000" or give you naloxone in case of overdose

WHAT'S YOUR EMERGENCY PLAN?

BE OVERDOSE AWARE...

NUAA has produced a set of three small cards with key information about depressant overdose, stimulant overdose and the risks of overdose. Call us on 8354 7300 if you would like us to mail them to you.

NUAA
NSW USERS AND AIDS ASSOCIATION

UN 82

SPRING 2015

EDITOR:
Leah McLeod
Call/ SMS the UN Editor on 0406 422 267 or 02 8354 7300 or email leahm@nuaa.org.au to discuss submitting writing or artwork for UN; being interviewed; or being on the Editorial Board.

COMMUNICATIONS ADVISORY BOARD:
Bonnie Briggs, Jake Rance, Jason Grebely, Joanne Brown, kylie valentine, Jeremy, Leah McLeod, Maurice, Kate Pinnock, Rodd, Sam Liebelt, Sara, Tony, Tracy.

MEDICAL & TECHNICAL COMMITTEE:
A/Prof Nadine Ezard, Dr Robert Graham, Dr William Huang, Denis Leahy, Dr Hester Wilson

LAYOUT DESIGN: Lazarus Lordi, Leah McLeod
PAINTINGS P15 Linda Jackson
ADDITIONAL IMAGES: rf123

CONTACT:
PO Box 350, Strawberry Hills, NSW 2012.
P: (02) 8354 7300 or 1800 644 413 (toll free)
F: (02) 8354 7350
E: usersnews@nuaa.org.au

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

THE REAL THING

From the UN Editor

This edition of UN looks at some of our family relationships. We hear from people who use who are parents, from parents of people who use and the children of people who use. We find out that there are many ways to have "functional" fabulous families, even if we use drugs. We make great parents, great children, great partners - just like the rest of the population. We face challenges, but we overcome them. We love and are loved.

People who use drugs have particular issues to face when dealing with family relationships. Many people do not understand that you can take drugs and still be a great parent. Prohibition teaches us that we are bad or mad to be taking drugs and there is a lot of misunderstanding about what it means to be in an altered state.

We are told we must choose between drugs and children. Even putting the words "drugs" and "children" together raises all sorts of concerns and triggers. Some of us are not allowed to live with our children because our drug use attracted scrutiny. Others have decided not to have children at all because they internalised the shame. And even a history of drug use is enough to knock out those seeking adoption or surrogacy. We struggle against a widely held belief that the children of people who use will also take drugs, whether by virtue of inherited genes or learned behaviour. We know that while some children may do so, just like anyone else's kid, this is by no means inevitable.

There is also a myth that if a person takes drugs, we need look no further than their parents to pin on the blame badge, even if those parents are not drug users. The reality is much more complex. It is true that some people who use had difficult family relationships growing up, including physical, sexual and mental abuse, and poor examples of how to parent. Many of us have decided simply to do the opposite of everything our parents did! But there are a lot of us who had great upbringings with at least one caring parent.

So many misconceptions and fabrications combine to make people who take drugs walk on eggshells in our family relationships. We often feel a constant grinding fear that if we put a foot wrong, that if people find out we use drugs, that our children will be taken from us and that our parents will reject us. There are family members who may believe that withdrawing - "tough love" - will jolt us out of drug use, forcing us towards the sort of person they wish we were or backwards to how we were as kids. Others just feel ashamed, confused, guilty, scared.

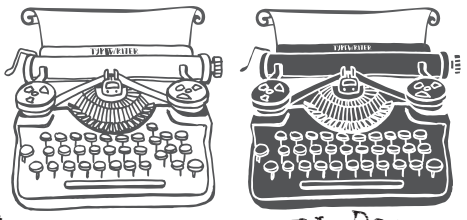
For those who have had their family split in the civil war against drugs and those who take them, the pain is enormous. Losing a family member is always tragic. Having society tell us that this loss is our own fault because we are weak and uncaring is debilitating. Throughout history, being cast out of the tribe has been the harshest penalty of all. The depression that results from being rejected by family or losing the care of our children is all-encompassing.

We also worry that if people find out that we use drugs, our families will be forced to share our rejection by society because of the stigma and discrimination levelled at people who use drugs. It is hard enough for us to live with this. No-one wants their children or parents stigmatised for their own drug use.

For my own part, I think having a child has made me a better person, a kinder person. It's also given me better understanding of my mother and grandmother. Today I spent the morning holding my daughter and a sick bowl while she vomited, wiping her forehead and mouth with a cool cloth, fussing with her sheets. Tell me I could have done this better if I was abstinent. Tell me she would love me more, be more comforted. I won't believe you. And at the end of the day, eventually home after work, tired, when she leaps on me to pile needs on top of hugs, you dare suggest I am not worthy of so much trust because I take drugs, I would smile sadly at you. Because I know I have the real thing, and I know the value of it.

Love Leah

DEAR UN...



Nice Treatment, Nasty Treatment

Dear UN,

I have just received Issue 81. And after reading the letter sent in by Cindy about suboxone and surgery, I don't agree, in some respects with UN's reply... I haven't experienced any discrimination in mainstream health services.

After first being five years on methadone, I have been on 12mg bupe since 2004. During that time I have had a lot of major surgeries, including a tumour, an angioplasty with stent surgically implanted and an appendectomy. I have been 100% honest and forthcoming with anaesthetists, doctors, cardiologists and nurses responsible for me during all these admissions that I am a heroin user and taking either suboxone or methadone. I did not experience one iota of discrimination ever, nor was I treated like a low life or made to feel like an "untrustworthy junkie". Quite to the contrary. I was treated with respect, kindness and good humour at all times and in two different hospitals 900 kms apart.

Every morning, my suboxone dose was discreetly given to me, ensuring other patients were not aware of what I was being given, which I gratefully appreciated. And the nurse did not stand there watching me, making sure I took it on the spot or acting suspicious of me "diverting" and checking under my tongue like at the clinic and private chemist where I have been dosed daily.

In fact I have found more grief and been treated as suspicious and untrustworthy - in fact, like shit - by "professionals" at public methadone clinics rather than in hospitals, at my GP (where I now prefer to get my script written) or at the private chemist (where I prefer to be dosed) where they are both cool with me.

The only trouble I have had in a hospital was this year and it was from a "drug and alcohol worker". While in Intensive Care, I was given morphine but obviously not the bupe. When well enough to go to the ward, I was no longer in any pain but wanted to resume my suboxone. I was refused it. The drug and alcohol worker told me I wouldn't need it as I had gone through withdrawal when I was semi-conscious over the past two weeks. I begged the +*%$#@! Begging, because I 100% assured him I was hanging out. Right now.

This started a battle... I thought I could be obstinate and unreasonable, but the drug and alcohol worker was incredible. He smirked at me "You'll be ok in two days".

I was told the doctor at the hospital could not write me a script as my GP had a current script in use for me. They even tried to phone my prescriber, but he was overseas on holiday!

I told the nurses my dilemma and that I was in withdrawal. They gave me morphine and serapax for night time. You beautiful, sympathetic nurses, thank you! They also showed me many kindnesses and special treatment. I did not get the advocacy from where I thought I would get it - the drug and alcohol worker - but I did get it from the hospital doctors and nurses.

Luckily I had two weeks supply of suboxone at home. So even though I was still medically unwell, I discharged myself and went home.

Serena

Dear Serena,

It is great to hear that you have had positive experiences with doctors and nurses in the hospital system and we would definitely hope to encourage you to write a letter to the hospital administration letting them know about the positive treatment you received. Unfortunately, not all people who use drugs share your experience and in Cindy's case her fear was based on past experience.

As for your interaction with the drug and alcohol worker, this sort of lack of support is completely unacceptable. The advice about the bupe is just plain wrong. When you are in hospital, regardless of any script in place, the hospital doctors can prescribe methadone or bupe for you. It sounds like the worker you were dealing with needs to have some further training or change jobs. And we encourage you to let the hospital know about that as well!

Love Leah

Frustrated Driver

Dear UN,

I was wondering what the deal is when it comes to medications and driving??? I had a small ding a few years ago in Melbourne. As a result I had a panic attack and the police were called. There was absolutely no damage to my vehicle or the other vehicle involved.

The police decided that I was under the influence of drugs WHICH I WAS NOT and took me to Emergency for a blood test. When the test came back it showed 0.02 % of morphine in my system. This was a prescribed medication that I had taken more than 12 hours before the accident. They took me to court and charged me with driving while intoxicated on drugs.

I tried to fight it and the fight went on for a year until I could no longer afford $495.00 to pay for a barrister every month. We had letters from my GP stating that I had been on this medication for years and that the small amount found in my system would have had absolutely no effect on me due to my tolerance. I also had a letter from the same Emergency department stating that I had been in the evening before to have an abscess removed and that they had in fact given me the medication that was found in my system. The letter also stated that the amount found would not have had an effect on me at the time of the accident.

As I could no longer cover the cost of fighting I had to concede and ended up losing my license for 2 years, a $500 fine and had to attend a drug driving course.

Frustrated Driver

Dear Frustrated Driver,

Thanks so much for your letter. I find your experience disheartening. It is increasingly common to give drug tests to drivers. It is irrelevant if you have a diminished ability to drive. Simply because there are drugs detected in a person's system, a person can be charged with driving under the influence of a drug (DUID). The quantity is irrelevant and there is no requirement to prove someone is stoned.

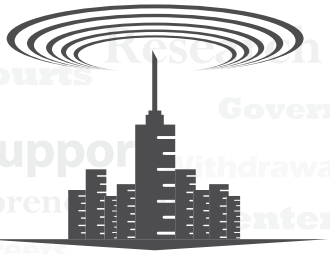
The only drugs included in on-the-spot oral fluid tests are cannabis, methamphetamine and ecstasy. However, police can direct you to take a test for other drugs at any time if they suspect you are driving under the influence of drugs.

The last time I researched drug driving, the position of the NSW authorities was that prescribed medications (including methadone, Xanax®, Ritalin® etc) were exempted from consideration for a charge of drug driving. But times have changed. The current advice from the NSW Roads and Maritime Services has no such exemption. It is very straightforward. It is illegal to drive if you are under the influence from drugs (or withdrawing or coming down from drugs) that impair coordination, balance and concentration. The onus is on the driver who must look for and follow instructions on warning labels, read consumer medicines information leaflets and arrange other forms of transport if they are under medication that *might* impair their concentration and coordination. Have a look at the official website: http://www.rms.nsw.gov.au/geared/your_licence/keeping_your_licence/drug_drivers.html

Let's face it, there are some drugs that do cause impairment and this does not change if there is a prescription involved. But is it a different situation if we have a tolerance? In 2003, a structured evidence-based review was undertaken by Fishbain *et al*. They looked at 48 relevant papers and concluded that opioids do NOT impair driving-related skills in opioid dependent/tolerant people. Read about it here: http://www.jpsmjournal.com/article/S0885-3924(03)00176-3/abstract. However, it has been suggested that the difficulty with making a blanket determination that people on prescription medication are fit to drive lies with the fact that some don't take their medication as prescribed, may take illicit drugs as well and may drink alcohol. Taken in combination with many prescription drugs, a very small amount of alcohol may add significantly to driving impairment.

If any of our readers are on prescribed medication, including methadone, you might want to talk to your doctor about whether you are safe to drive. S/he may be willing to provide a medical certificate stating that it is safe to drive on your prescribed medication. If you google "legal advice DUID NSW" you will find a number of legal firms who have information on their websites.

Love Leah



NEWS DOSE

Ireland 'wide consensus' on decriminalisation

An Irish drug "think tank" in July was attended by representatives of local and regional drug and alcohol taskforces, service users, government and community and voluntary sectors. It was hosted by Aodhán Ó Ríordáin TD, Minister of State with responsibility for the Drugs Strategy. Mr Ó Ríordáin reported there was "wide consensus within the room for decriminalisation". When he was appointed to the role earlier this year, he said he would examine the possibility of decriminalising cannabis. But the Minister said the view on decriminalisation at the meeting referred to drugs "across the board" and not just drugs of a particular type. He added there were also "some question marks and some discussion points as to how to get wider society on board with the idea".

Mr Ó Ríordáin also opened discussion on the subject of consumption rooms. He said this would "probably involve a licence being given for one room or centre to be established in the short term", along the lines of Sydney's MSIC. Also in focus at the meeting was polydrug use, the use of two or more drugs in combination and the introduction of new drugs on the market. Mr Ó Ríordáin said "I was told 10 years ago we were basically dealing with 20 substances, now we are dealing with 420."

Read the full article here: http://www.irishtimes.com/news/social-affairs/drugs-meeting-finds-wide-consensus-on-decriminalisation-1.2301157

How accountable are the NSW police?

As the NSW Government's Tink Review considers the accountability process of police, the Redfern Legal Centre (RLC) is calling on people to speak up about police misconduct. For the past five years, the RLC has run over 200 police complaint/misconduct matters and given advice on over 500.

Currently there are no advocates and police can decide not to pursue a complaint without giving any reason why. Most complaints are overturned. Only the Police Commissioner can punish police in the rare circumstance that a complaint is upheld. Giving an external body the power to deal with complaints and to discipline extreme cases would make the system more trusted and valuable.

Let's hope change is coming. You can contact the RLC to discuss how you have been treated by police on (02) 9698 7277.

Listen to the interview here: http://rlc.org.au/police-complaints-scrutiny

Hep C drugs approved but we're still waiting

In March 2015, the independent Pharmaceutical Benefits Advisory Committee (PBAC) recommended three new drugs, Sovaldi, Harvoni and Daklinza, be made available on Medicare. But so far the government has made no announcements about when this recommendation will be enacted.

Medicare data shows a dramatic fall in the use of old treatments with prescriptions halving from 1880 in the first six months of last year, to 946 this year, as patients try to wait it out for the new treatments.

St Vincent's Hospital specialist Prof Greg Dore said pharmaceutical companies need to urgently expand their compassionate access treatment programs so people who need the drug can access it while negotiations continue. "We have several hundred if not 1000 patients waiting for treatment at St Vincent's alone," he said. "There are patients right now waiting … who are at high risk of developing liver cancer and liver failure."

Prof Dore said it was no wonder people were holding off for the new treatment, and many doctors were advising patients to do so. "The new treatments are more effective, they cure 90 per cent of people and they have a shorter duration as well as markedly reduced toxicity," he said. "It's a remarkable advance in clinical medicine."

Hepatitis Australia chief executive Helen Tyrrell said the delay in getting the drugs to patients was "completely unacceptable". "Recommendations alone will not cure anyone," she said. "It's time to act on the advice of the experts."

A spokeswoman said the Department of Health was progressing the listing of the medicines "as swiftly as possible" in line with the recommendations made by the pharmaceutical advisory committee. Meanwhile people are sick and dying.

Read the full article here: http://www.smh.com.au/nsw/hepatitis-c-drugs-wait-for-medicare-funding-despite-pharmaceutical-benefits-advisory-committee-recommendation-20150826-gj7x4c.html

STOP PRESS:

NALOXONE (NARCAN) WILL BE AVAILABLE WITHOUT A DOCTOR'S PRESCRIPTION IN AUSTRALIA FROM 1 FEB 2016!

Read here: https://www.tga.gov.au/interim-decisions-matters-referred-expert-advisory-committee-12-14#nalox

UNDER THE MICROSCOPE

RESEARCH STUDIES AND REPORTS

A Look at drug use during pregnancy and supporting families

This recent research project from the Institute of Child Protection Studies (ICPS) attempts to identify "best practice" in Australia for "managing" women found to be using legal (alcohol and tobacco) and illicit drugs during pregnancy.

While it is stated that there was a process of "wide" consultation, this appears to mean consultation with service providers. No drug user organisation was approached nor, as far as we can tell, was there consultation with any mothers who use drugs.

The report acknowledged that there are few longer-term effects of maternal drug use. While there is a birth defect syndrome identified with alcohol use during pregnancy, there is no equivalent related to illicit substances or prescription drugs of abuse. Remember the "crack babies" in the US? There is no such thing. This study says that if babies born to women who use illicit drugs have health problems, it is more likely to be because the mothers don't have private health insurance, are younger, have a lot of children, experience domestic violence, don't eat properly or didn't get antenatal care because they were worried about DOCS.

One recommendation of the report was that all pregnant women be tested for alcohol and drug use. Currently health professionals only test those people with a known history of alcohol or drug use or rely on their own stereotyping and suspicions. Under the current system, being tested is stigmatised and pregnant women using damaging amounts of alcohol are not being identified.

It's important that women get assistance and support early in their pregnancy. There is currently little evidence that women get the services they need nor do treatment services take into account the special needs of families. Many of us have experienced this. Think about the lack of problem-solving around morning sickness while on methadone; the rigidness of dosing hours that may not allow for the routines of babies or even getting kids to school; the limited number of rehabs that allow children to live in, visit or have any family contact at all; or the lack of respite child care to allow attending detox, counselling appointments or 12 step meetings. In the light of these difficulties, the report calls for better family-focused support for families and better training and support for staff in order to be more sensitive to the needs of families. Family-centred treatment should include case management as well as support services like childcare and transportation.

The report refers to pregnancy as a "window of opportunity" for addressing alcohol or drug use, as many women do cease or reduce significantly their drug use when they become pregnant. However, the report does comment that many mothers begin using again after the baby is born and fathers were unlikely to modify their drug and alcohol use during pregnancy. Partner use was a predictor as to how well women were able to stop using during pregnancy and whether they returned to drug use after the baby's birth. Partner drug and alcohol use also had a part to play in the risk of problems emerging during child rearing.

The report commented that women who use drugs were likely to present late to antenatal services because they are fearful they will be reported to child protection services and have their baby removed. This is not surprising when you see the data on notifications.

In NSW during 12 months 2012-13, 16 236 children under 17 years of age were deemed to be abused after investigation. Of those, 846 were unborn and 1 513 were under 12 months of age. NSW was responsible for around 40% of all child protection notifications upheld across Australia and 60% of all notifications upheld relating to unborn children. During the same period, 618 children were put in out of home care. Of these, 509 (82%) were infants born to women using substances; 182 were under a week old and 327 under a month old.

It is interesting that the report notes that "although substance misuse is one of the primary reasons that parents become involved with the child protection system, there is surprisingly little empirical research that examines the relationship between substance abuse treatment and child protection outcomes" and goes on to say that "children have only rarely been the direct focus of interventions, with the assumption that they will derive indirect benefit from the support

CONTINUED FROM P7

offered to their parents." Further, the report states that "while parents who completed treatment were more likely to be reported by their caseworkers as 'clean and sober', they were no more likely to have custody of their children or to retain their legal parental rights."

Associate Professor Taplin said "The focus of any policies and practice should be on ensuring that every pregnant woman and developing foetus are healthy, and that every child has a right to be safe and well cared for. We have a duty to support pregnant women with substance-use problems and to provide them with adequate services and longer-term support to help them safely parent their children."

Taplin, S., Richmond, G., McArthur, M. (2015) Indentifying alcohol and other drug use during pregnancy: Outcomes for women, their parents and their children. Canberra: Australian National Council on Drugs. The Report can be read at http://www.acu.edu.au/621063

Siblings of people who use drugs

Does a person's problematic substance use impact upon their sibling relationships? This small study interviewed thirteen women aged between 21 and 56 years old who have a sibling that has or has had problematic substance use. The study wanted to gain a positive understanding of how families cope with life difficulties and how challenges within families are overcome.

It is interesting that a 2004 piece of research found that adolescents who saw their sibling relationships more negatively were likely to experience lower self-esteem, have fewer friendships, feel more depressed and lonely, and participate in greater delinquent and higher substance use behaviours than those who viewed their sibling relationships positively.

Participants of this study reflected on the importance of acceptance, compassion and love when it came to their time spent with their sibling and the closeness they felt. Seven of the women explained how important it was for them to be understanding of their sibling. Five of the participants discussed having tolerance for their sibling in the most difficult times, not judging their sibling's behaviour, and also understanding the motivations behind their sibling's substance use.

Compassion was a significant factor in how participants viewed their sibling. One participant said: *I realise how much acceptance we have for him as a person, and respect and love … Just as we'd have if he was struggling with one leg or something, you know … I don't feel sorry for him; I have a lot of admiration for him.*

The study found that many of the siblings of people who use drugs felt left out by support services and overlooked by their families and support agencies. The 13 women struggled with having a voice in their family, and sharing their own lives with their parents or sibling. A participant said: *It can go months where we don't talk about much else but her, or what's happening or what can be done, and how we can best support her … it can often be that we really don't talk about anything but her. And that's really hard to think that they aren't interested in me, or what's happening in my life... You feel like you are a second-class citizen in the sibling rank order.* For some of the women, this resulted in choosing not to share their own lives with their family, and dealing with their own battles alone.

Participants' feelings of sadness, despair and frustration in the current study were significant barriers in the sibling relationship. One participant said she couldn't engage with her brother's drug use as it made her feel scared and anxious. Many experienced depression, which they felt was due to their sibling's substance use and the anxiety their sibling's use created.

A final pattern within the theme of support in the present study was that nine of the participants had gone on to work in the area of drug treatment services, social work, psychology or therapy. As a number of the participants had a history of some kind of drug dependency in their family, working in the area enabled many to feel greater empathy and compassion for their sibling and family, and gave them "motivation" to understand the drives behind their sibling's substance use.

Incerti, L., Henderson-Wilson, C., & Dunn, M. (2015). Challenges in the family: Problematic substance use and sibling relationships. Family Matters, 96, 29-38. The Report can be read at https://aifs.gov.au/publications/family-matters/issue-96/challenges-family

You Me & HIV
The Serodiscordant Couples Study

You Me & HIV aims to produce new empirical knowledge of the needs and experiences of serodiscordant couples (where one partner is living with HIV and the other is not) in a changing epidemic, with specific focus on how the emerging HIV 'treatment revolution' might shape sexual practices, risk perceptions, service engagement and the everyday realities of living serodiscordantly among gay and heterosexual couples inmetropolitan and regional NSW.

The study commenced in 2013 and runs for three years. During 2013 and 2014, in-depth interviews were conducted with 38 participants in serodiscordant relationships, including 18 HIV-positive and 20 HIV-negative partners, representing 24 couples and 1 throuple in total.

Data analysis and draft publications are currently in progress. We will bring you more when results are published.

Read more at: nchsr.org/youmeandhiv

Thriving in adversity

This research study looked at a number of different families with difficulties, normally considered "at risk", including families with parents with mental illness and parents who use drugs.

Parents were asked about their experiences of raising children and family life and included questions about sources of information and support, typical family routines and parenting practices, as well as routines and practices around managing drug use and managing mental illness. In talking about the strategies they used to make a safe and loving home for their children, parents spoke about the importance of understanding the demands and realities of parenting.

A main theme that emerged was the supportive people or services that parents had in their lives. Both informal support to parents from friends and extended family and the availability and accessibility of formal services were important. This included emotional support and information, assistance with child care and household chores, provision of treats for children (trips to the movies, time away from younger siblings), connections to culture, and friendship. A number of parents reported a strong commitment to shared parenting and active involvement from fathers. While parents valued support in their roles as parents, building their knowledge and resources in raising children, it was also important to them to be supported as people through friendships and social connections.

Some of the strongest themes to emerge from interviews with parents were around deliberate, planned, and selective communications with children, schools and services about managing drug use and mental illness. Overwhelmingly, all parents described the importance of open lines of communication between themselves and their children about drug use or mental health issues. Kristen, 33 said: *[My daughter] really understands that drug users are people but she also understands that drugs do ruin lives so you know, it's not that she's, me being open and honest with her doesn't at all mean or look like she's going to go and use drugs any time soon.* Chris, 43 said: *I think the only difference is usually you get a little bit more communication. I really believe that, I think there are some really uptight families out there that are very straight and narrow but they don't talk to their kids and their kids are prohibited from doing everything, even asking about everything.*

Other strategies existed around safe storage of injecting equipment, being careful about visitors who use drugs and "passing" as non-drug users (not being stereotypical).

Considerable resources are required to be a competent and safe parent: material, social, and educational. The report called for more emphasis on the successes of parents from stigmatised and vulnerable groups.

Eastman, C., Hill, T., Newland, J., Smyth, C., & valentine, k. (2014). Thriving in Adversity: A positive deviance study of safe communities for children (SPRC Report 30/2014). Sydney: Social Policy Research Centre, UNSW Australia. Read it at www.sprc.unsw.edu.au/media/SPRCFile/1_Thriving_in_Adversity__SPRC_Report_web.pdf

Opposites Attract

Opposites Attract is one of only two clinical studies globally exploring the efficacy of 'treatment as prevention' for HIV among homosexual male serodiscordant couples. Previous research in heterosexual couples has shown that when the HIV-positive partner is on anti-HIV treatments and has undetectable viral load, the risk of transmitting HIV to their HIV-negative partner is reduced by 96%. This study explores a a range of important issues relating to HIV transmission and viral load in gay male serodiscordant (pos/neg) relationships.

Along with the primary clinical outcome (transmission of HIV within couples), the study collects detailed data on sexual behaviour, attitudes, relationship agreements, treatments, and understandings of viral load.

The study is coordinated by the Kirby Institute and is conducted within 14 clinical sites in Australia, one in Brazil, and one in Thailand. Over 250 couples have been enrolled since early 2012, and over 200 couple-years of follow-up have been accrued.

Emerging findings have been categorised under the themes of "pharmaceutical citizenship"; "trust in HIV medicine"; "attitudes to PrEP"; and "making families". TasP has been found to be "incredibly empowering and liberating for couples, enabling a welcome sense of social and sexual belonging and legitimacy".

Follow-up is ongoing. The study is currently funded until the end of 2015. We will bring you the results when they have been published.

Read more at: http://oppattract.squarespace.com

BABY LOVE

THE STRUGGLE TO KEEP FAMILIES TOGETHER

An editorial note:

I recently had the privilege of helping a number of mothers with a history of drug use and FACS (Family and Community Services) in their lives to share their experiences with User's News readers.

Every single woman I spoke with was trying her hardest to keep her child/children or have them restored to her one way or another. They were in rehab or on a pharmacotherapy program and are giving regular urine tests. These women are amazing. All love their kids as much as I love mine and as much as you love yours. Maybe you can't even know how much you can love until it's threatened. I hope these families can be restored. They deserve it.

User's News recognises that the role of FACS is a challenging one, that families have a variety of experiences and some children benefit from FACS involvement. FACS lists as its main focus "supporting vulnerable families and keeping children and young people safe from abuse and neglect". Being a person who uses drugs is not a reason on its own to have your child removed. While drug use is considered a parenting risk, other risks must also be present such as domestic violence, neglect or abuse. Regardless, 82% of all children in out of home care in NSW were born to mothers who use drugs and the focus for reunion is usually on abstinence not on indicators of quality care.

Some people who use drugs have had positive experiences with FACS and for many their lives have improved and their families have benefited. Many others are still struggling and have not been reunited with their children. The situations are complex but the emotions are simple. These are Mums who want to be with their kids.

> ***"Yes I used drugs, but I'm as good a parent as anyone else."***

Maria's story:

Maria's older daughter is in care while Maria completes rehab with her new baby. Her daughter is struggling with coming to terms with Mum's drug use, of which she had no knowledge until recently. Maria just wants to be with her children and is willing to make any change necessary.

I have two children, a girl in primary school and a baby boy. If I didn't get into rehab, they would have taken my baby. I was terrified I wouldn't get in, because that would have been the end, but I did. I have her with me. I am so lucky.

I had a light bulb moment that if I don't stop now, my kids wouldn't be with me. It rips my heart apart. So I just had to do it. I wasn't ready to stop using before. I am now. I finally get it. If I don't do what FACS say, I will lose my children. I will do anything. And I want to do anything. Drugs seems so unimportant to me compared to this. Having my own way seems so unimportant to me compared to this. I will do anything.

My daughter in school has kids saying she has no Mum. Others say "Your mother's in rehab on methadone". She even got in a punch up about it. I feel so powerless. This kind of discrimination is devastating especially so when it's affecting your child. Adults have the skills to cope with this stuff, but kids get caught up in it, they are still developing and don't know how to respond. Others put me down and she doesn't know how to respond. I think of her all the time.

She asked me about whether I used drugs. I couldn't lie to her, I said yes, but I also told her it isn't as bad as people think, that there is a lot of discrimination that is not based on fact. If I lie she'll have no respect for me and I will lose her trust, so I talk to her about it in an age appropriate way.

Yes I used drugs, but I'm as good a parent as anyone else. I didn't put my child in a drug-using environment, I watched who was around, I didn't take her to score. I just didn't put her in those situations. I think about her. She's my priority. She didn't see the drug use, she was protected. So she doesn't understand what's happening now, being separated, being discriminated against, because it never affected her. FACS told her I was a drug user. She didn't even know.

The fact is, I won't be reunited with her if I use, and she is more important to me, so I toe the line.

Melissa's story:

Melissa's husband is in gaol while she is in rehab. Both are working on managing their drug use so they can keep their family together.

My husband has been in gaol for 10 months. He was cooking ice. When he got put away I had no intention of going to rehab, but I had a realisation that if he was not around, it was all up to me. I needed to be there for the kids. I just thought I had to do it. I had to go to rehab and get sorted. And I knew FACS were about to intervene, so I went to them first and they've helped me get things in place and got me into rehab. My husband has supported me, he's working on himself in gaol as well. I've told him if he cooks, he can't live with the kids. I don't want to have to choose between him and the kids. I miss him terribly. I want so much for us.

My baby doesn't recognise her dad. He is not in gaol anywhere accessible, so he's not getting visits and I'm in rehab. It's wrenching. As a family, we just need to keep strong, stand by each other. The love will always be there. We swap photos and drawings. We talk on the phone. We have to stay strong.

Clara's story:

Clara talks about how difficult it is to have her three children in foster care. She has left her husband and is working towards restoration. She wants her FACS worker to see that she is trying hard but feels she has been pigeon-holed and is not allowed to change.

I have three kids including a baby. None of them are living with me at the moment. I dealt with the same FACS workers 14 years ago when my eldest child was born that I am dealing with now with the baby. One of them told me I hadn't changed in 20 years, then put in her report I hadn't changed in 25 years. Which is it? 14, 20 or 25? Or how about the truth, which is that I've changed but their discrimination hasn't. The worker actually said to me "Once a junkie always a junkie". Those words.

I have left my partner - my baby's dad - because FACS didn't approve of him. They kept running him down and saying I wouldn't get my baby if he was around. But I still don't have my baby. So now I have no-one. No partner, no kids and no home. FACS say they are about keeping families together, but it feels to me like they just rip families apart and make your life hell. It's hard to not take drugs when you don't even feel hopeful. But I'm in rehab and I am really trying.

My older kids keep asking me, when can we be a family? FACS told me I wasn't allowed to talk about that with them, but they get so excited. All I can do is not see them or talk to them because there are all these things I'm not allowed to talk to them about. They want me home with them so much and I want them so much. They just don't understand why we can't be together.

> ***"As a family, we just need to keep strong, stand by each other. The love will always be there."***

Pauline's story:

Pauline has two children in foster care and she feels that she will not be allowed to reunite with either of them. She talks about how it is heartbreaking to listen to your child call a foster carer "Mum" and know there is little chance for reunion. However, she knows she has to try so her kids know she loved them, wanted them and did not give them up lightly.

I have two children that I miss so badly. They are dealt with by two different FACS agencies that don't seem to talk to each other.

I have a child in care with a wealthy couple. They have had him for a few years, from the hospital. I had him for three days. Then for another eight days I came every day to breastfeed. After that, they stopped it. I have visits but the carer has been at all the visits, and my child calls her Mum. It breaks my heart. I can't go to the visits sometimes. We are down to three visits a year and I just find it so hard. It kills me. They want to adopt. I will try for parental rights but it's just so my child knows I really did try, that when he is older he knows I really did want him, that I didn't let go of him easily. It's so he knows I love him. That I want him. That I want him so much.

Now I have a similar situation with my new baby. The foster carer looking after my baby doesn't seem to want to give her up. She has got too attached to her. She applied for long term care and got it in 24 hours, while I'm stuck in a rehab. She comes to access visits and tries to divert my child from being with me. She says "see, she doesn't want to see her parent." I'll fight for my child and if I'll fail, well when she gets older she can see that it wasn't true that I didn't want her. She will see that I tried. She'll know I wanted her more than anything. It's really important to me that my kids understand I fought for them.

They've just said sorry about one stolen generation and here they are starting another. I'd rather they didn't say sorry to people who use drugs in twenty or thirty or fifty years time when they realise what a disaster this all was. I'd just like my children please.

CONTINUED FROM PAGE 11

Tilly's story:

Tilly's baby is in foster care. She tells how she has tried to comply with all directives including separating from her partner and attending two different rehab programs. She has been supplying clean urines for some time but her son has not been returned to her. She continues to hope that she will have her baby soon.

I've done everything FACS has asked. I went to rehab. I cut all contact with my kid's dad. I am on methadone giving clean urines and have for months now. I have done all I was asked in order for restoration to take place. I think they thought I wouldn't do it, so they are backing out now. I feel that they just don't want me to have my baby, no matter how many hurdles I jump over. No matter how much proof there is that I will make my baby my priority, that I want my baby more than I want any other thing or person or situation. They say they have a gut instinct something will go wrong. A gut instinct. What about the maternal instinct?

> ***"I go to bed every night with an empty cot in my room. People ask me if I'm torturing myself, but it represents hope to me, you know? To take it out is to give up hope. I have to have that hope."***

I was told if I went to rehab I would get my baby. Then that rehab term finished and no baby. They decided I should go to another one and that a few weeks into the program I would get my baby. They even sent all the baby clothes and equipment. Then suddenly they changed their mind a couple of days before he was due to arrive, and gave their reasons as "various". They didn't even tell me, I just knew because they picked up all the stuff.

I have done everything they asked and they still won't let me have him, even in a safe environment like a rehab. They said when I was finished, but now they are talking about 12 months in the community with clean urines to prove I can do it. You know what I think? They didn't think I would do it, so they set me up to blame myself for not seeing it through and themselves as fair. But it's not fair.

I am scared that once I have done the 12 months in the community they will say he has bonded with his foster family and I'll never get him back. But what can I do? I can only keep doing all they ask. I fed him solids for the first time today. You should have seen him! He woofed it up, he loved it! I will do anything to be with him.

They said on my care plan that I am clearly maternal when I am with my baby but they don't think I can keep it up. What the hell would they know? I must ask them for some lotto numbers if they are so in touch with the future.

I go to bed every night with an empty cot in my room. People ask me if I'm torturing myself, but it represents hope to me, you know? To take it out is to give up hope. I have to have that hope. This has been the longest four months of my life [since her baby was taken into out-of-home care].

Lenora's story:

Lenora has had a very difficult life, including sexual abuse as a child and extreme domestic violence. When her children were removed because she was suffering from Post Traumatic Stress Syndrome (after finally escaping from her abusive husband), she had not used for several years. She began using again after they were put in foster care. She began a new relationship with a man who used drugs, fell pregnant and her drug use became central to having that child removed and put in foster care. She is now on methadone, battling to keep her new baby and have her older children restored.

I've been living on my own since I was 12. That's when I started using heroin. My stepfather was sexually abusing me and he used heroin, and started giving it to me. It helped a lot. I did some jail. I got pregnant at 22 and got on methadone, but was off again within six months of my baby's birth. I didn't use for years after that.

My partner was abusive. It was a very violent relationship. The sort where you get taken into the bush with a gun. The sort where you are beaten violently for hours on end. I kept trying to get away and he kept finding me. But eventually - long story - I planned an escape that worked. I got out of the relationship and got the kids away.

My partner took me to court for the older children. He made me look like a "junkie" on the stand, a liar and a troublemaker. My partner was abusive but because he worked and I had a drug use history, they ruled in his favour. I had photos of me beaten up but they said I had doctored them. The discrimination of my past drug use was stronger than the domestic violence evidence I had. He said I had drugs in the house and that the kids couldn't be with me, but I didn't. He just had a really good lawyer who knew how to use discrimination against me. He didn't touch the kids but it has affected them, one of them thinks he can punch me if I don't give him what he wants.

So then I was a single mother and it all hit me. I

was feeling very depressed and anxious so I asked FACS for help. I went to them. For help. They responded by taking my kids away. Immediately. They asked me how depressed I was with the kids and I said about like this, but they said, no we think you are worse with the kids. But I wasn't. I wanted help before it got too bad.

I hadn't used for seven years, but when they took the kids I went out and got a shot. Now it's about my drug use. I met a man who was using and we did some crime. He got locked up and I got bail. Then I found out I was pregnant. I got on methadone, a high dose. I'm battling to keep this baby. I wanted help. I deserved some help. Not more hell. Now I have so much anxiety, I am so fearful it will overwhelm me.

> ***"If they take my baby, I will have to just keep jumping through the hoops. To do anything else is unthinkable."***

Phuong's story:

Phuong is in rehab and while her baby is with her now and she is abstinent from drugs, she still worries that he will be taken away. She talks about her love for her kids. Her older children are living with her mother. She raises some examples of friction with FACS and the power imbalance has been difficult.

Let me tell you how I feel when she wakes up in the morning and smiles at me. Before I had children I never realised I could love someone that much. It's like nothing I ever felt before. At first, she was just a little thing that cried and pooed. But then I got to know her, to love her. Now she beams when I walk in the room. It's wonderful.

Drugs are so far away as an issue, such a minor issue. I have been on drugs for so long but I am so far away from wanting drugs right now. I found some gas recently, on the ground. I looked at it then I threw it away. I was so uninterested.

Being in rehab has made me stronger. I'm over using. I've turned my whole life around. I want to be given that chance to be my child's mother. I won't stuff it up. I can care for her better. I am her mother. But I feel like they won't let me change.

I had FACS in my life a few years ago. My first FACS worker was a middle aged male. He used to see me every two days and sit for three or more hours just watching me with the kids. He said we couldn't meet at the office and arranged for us to meet at coffee shops and so on. He never spoke about my children. It made me really uncomfortable. It got weirder when he contacted me one New Year's Eve, sending an SMS with kisses right on midnight and phoning me when I didn't respond. When I had another baby, he visited me with flowers on a Saturday. I never said anything because I was scared I wouldn't be believed and I knew he could damage me. I wanted it to stop but I needed to keep my kids more. Then he stopped being my case worker, so I am hoping someone worked it out. And FACS got out of my life then until recently.

Now FACS are back in my life. My partner and the father of my kids died not long ago. I was pregnant at the time. He was using a lot and died of cardiac arrest. FACS told me the kids couldn't go to the funeral because it was an open casket and it wasn't suitable. But the reason it was an open casket was to do with his culture, his religion, not just some decision out of the blue. It was culturally appropriate. But not for the Anglo FACS workers. So the kids didn't get to say goodbye to their Dad. The FACS worker said to me I was lucky he died, he was out of my life. I was in mourning. It felt completely inappropriate.

> ***"Let me tell you how I feel when she wakes up in the morning and smiles at me... I never realised I could love someone that much."***

So now I'm in rehab with my baby while my mother has the other kids. I don't think I could handle it if they take my baby. If my mother took her, I could stay abstinent. But if she went somewhere else, to foster care outside the family, I worry I couldn't handle it.

My mother has custody of my three older kids until they are 18. Mum and I made an arrangement that I would move home after I got out of rehab and we would look after all the kids together. But once I had gone into rehab, she signed a form to say that I can't ever go home to live. Ever. FACS had told her that this was a condition of her being helped financially. She couldn't afford to keep the kids if they cut off the money. She was really intimidated. So this means my kids don't have me and I don't have my Mum. We could have all supported each other and the kids would have had both my Mum and I to care for them but now I am separated from them and Mum has to cope on her own. And I am worried she couldn't cope with one more.

If they take my baby, I will have to just keep jumping through the hoops. Really there is nothing else to do, no other option. To do anything else is unthinkable. To do anything else is to give up hope and hope is all I have.

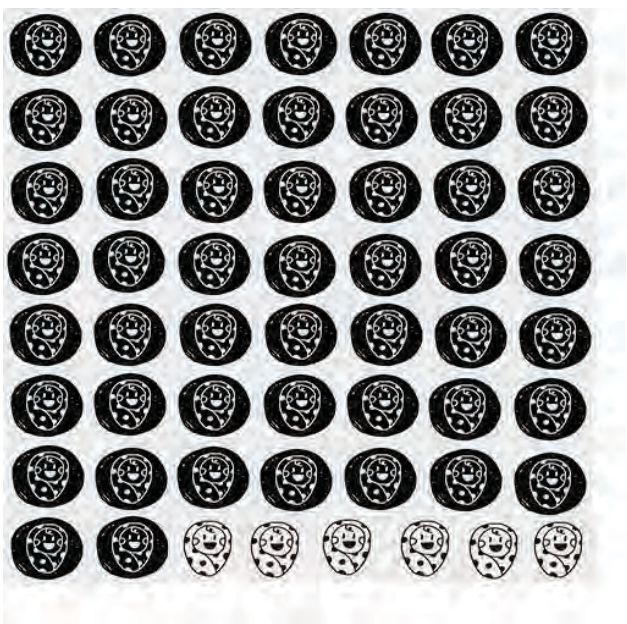
MY BROWN SKIN BABY

My brown skin baby they take him away

Aboriginal children are more than nine times more likely to be removed from their mother than non-Aboriginal children. Aboriginal parents who use drugs are increasingly concerned that their children will be removed regardless of the care and love given to them. They also worry that cultural solutions such as sharing care of children across a community may be misunderstood. This means that even when these parents need help to stay together as a family, they will not ask for help for fear that the family will be broken up. They also may not know how to ask for help, and in many cases, there are simply not the services available. Parents who have lost their children become very depressed and may seek to ease their trauma in increased drug and alcohol use. Aboriginal people have experienced over two hundred years of family disruption. Today's parents of young families often have direct experience of the Stolen Generation through their own parents, and accordingly they mistrust the child protection system. This can mean they find little incentive to make changes that are deemed necessary to have their children restored to them. Here are the comments of a few Aboriginal parents who have shared their frustration and fears with UN.

Compare the number of children 0-17 years in out-of-home care by Aboriginality

There are around 51 Aboriginal children per 1,000 compared to 6 non-Aboriginal children per 1,000 in out-of-home care



That's over 9 times more Aboriginal children than non-Aboriginal children who are not living with their parents, yet there are over 32 times more non-Aboriginal people than Aboriginal people living in Australia.

Kath says:

They told me they were taking my baby because I didn't see a doctor when I was pregnant and they said that was child abuse. But I had aunties around me who were making sure it was ok. Why can't they respect that those women know what they are doing? Aboriginal women have been having babies for 40,000 years without a doctor. I didn't go to a doctor because I knew they would find a reason to take my baby. They did anyway. I feel like no matter what you do, they will take your baby.

Jimmy says:

I am in my 40s. I started taking ice when I got locked up. When I was released I still used. I went back home to my woman and kids. She didn't use ice before I gave her first shot, which she loved. I wish I didn't give it to her, because now we are in debt and behind in everything and FACS (NSW Department of Family and Community Services) have been coming around. They knock like police on the door. I know we are not doing well but we need help to get on track not just to break up the family. That doesn't help anyone. I am NOT letting them break up my family. I know what happens. I'll go on the run with my kids first.

Tracey says:

I've been using uppers and downers for years. Years ago I had my children taken away from me because of using. I had no support because my family were dirty on me. Now my kids have grown up. But I have a son who is using ice and I want to help him. It's difficult because I didn't raise him and I use ice as well so it's hard to give advice. I am worried because his girlfriend is pregnant. I don't want FACS going into their lives. I know of the struggle and depression that goes with it and I am at my wit's end. I don't know how to help him but I see history repeating itself. It makes me depressed all over again, reliving it.

Mary says:

I am a young Aboriginal woman with kids. I have been using ice for the last 18 months. In this time, I have broken up with my partner. Since we've been split I've had FACS knocking on my door, checking up. I'm worried that they will take my kids. I feel like I am sinking, using and looking after the kids. It is a struggle. My mob live up in the country. I really don't want the kids to go, because they are happy at the school they attend now and doing really well. I don't think I'm a bad Mum. But I don't know what to do. I could do with some help but it seems to me that FACS only break up families, they don't help you get things back on track. I wish I knew what to do, how to talk to them so me and my kids can stay together. It won't do my kids any good or me if they bust us up, we'll all just end up messed up.

Julie says:

I've been on the ice since my children were taken from me. I've given up. I've just given up. I'm so depressed. It's like déjà vu, another stolen generation. When will it end?

Erica says:

I have been using quietly for a few months. Well I thought nobody knew until I got a visit from FACS asking me about using. I shit myself when they came so I denied it, but now they are asking for a urine. I am scared that they will take my kids, that my family is going to find out and I can't face the shame of losing my children to FACS. My kids get looked after, not just by me but by the whole mob, by my Mum and my sister, mucking round with their cousins, even my little brother, he takes them out and kicks a football round with them, they really love him. They are always fed, have a warm bed and get plenty of love. They're happy kids. But I know FACS will twist things. Make it look different to how it is. We raise our kids a bit different, but that's our way to let our kids have their heads a bit more. They shouldn't take our kids because it's not the way they do things. It's just trying to get rid of Aboriginal culture. Just like it's always been. Like it was for my Mum. Nothing has changed. I'm really scared.

PARAPHERNALIA

Lighthouse Keeper

If you'd told me
50 years ago
I'd have ended up
this way
as me
how I am
I wouldn't have believed you.

More likely a lighthouse keeper
marking the days with
the shipping news
Viking Forties Cromarty
Forth Tyne Dogger
Fisher Bight;

More likely a keeper of polar bears
at the zoo
taking time out
to polish the glass case
containing the taxidermied
baby bear
died of maternal neglect
never to hunt
in extreme cold.

But when I reach out in the night
the rain against the window
she is there
and my daughter
breathes evenly
in the next room.

by Jack

Daughter

Her eyes are her grandmother's
opioid blue
—quells storms
the willy willy she leaves tranquillity in her wake

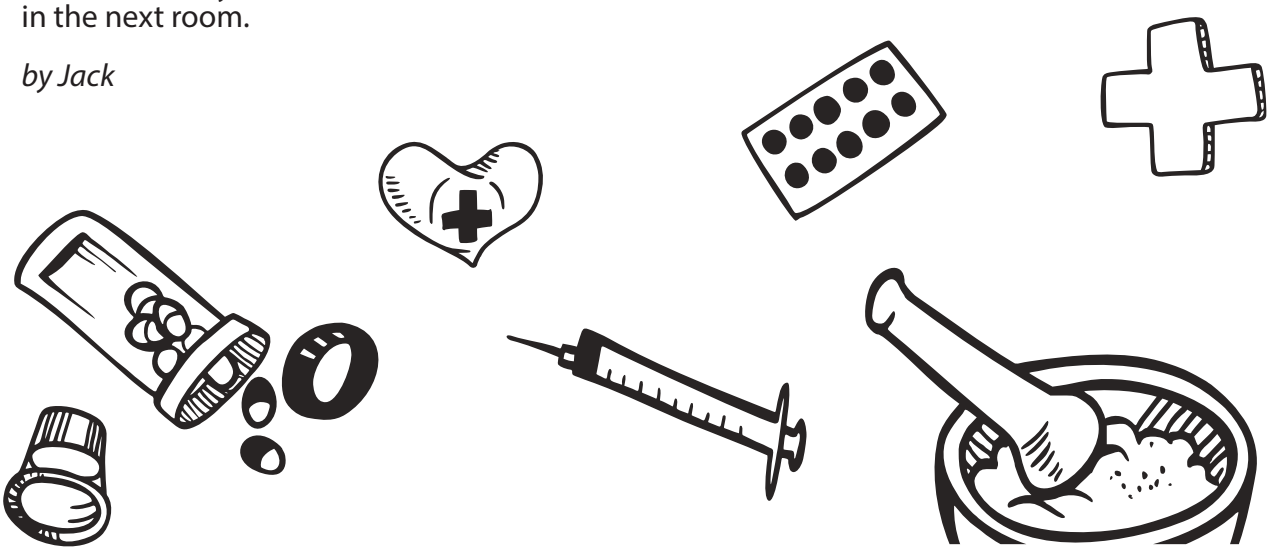
Small hands conduct hot silence
no alpine butterfly can resist
wet from the spring
—a tangerine bracelet

Gravelly gaze her burning precipice
to walk the crosscut saw
is to leave behind new skin and old

watershed *then deluge*
sweet skin rain cloistered
heat
& squall

a generation is a river bank
no stock cross her waters
My daughter the debbil debbil
My daughter *the stream*

by Annerliegh



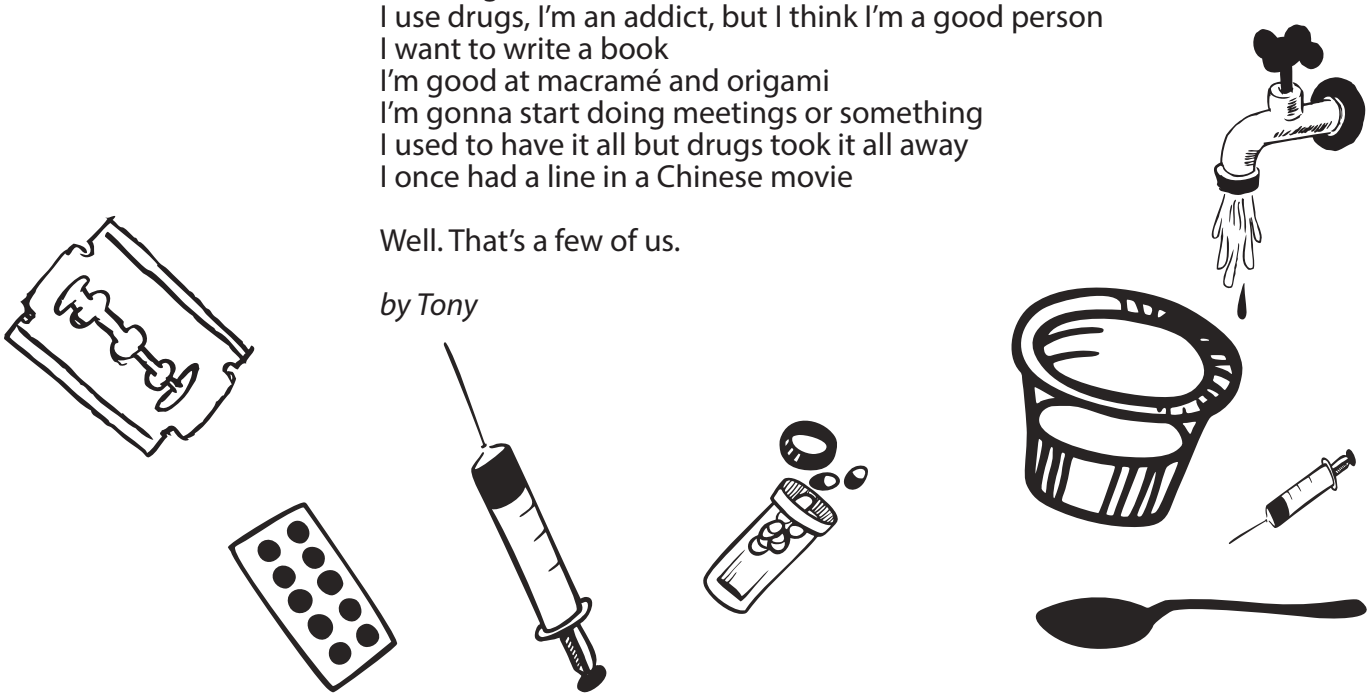
MY CLAN

OVERHEARD
IN A METHADONE CLINIC
1987-2015

What kind of people are we?
I came here for a better life
I work and pay my rent, I'm doing ok
I'm First Nation. Eora woman
I came here from New Zealand with my family
I'm from the North Shore. My family are good people
I have hep C but I'm doing alright
I sleep rough but we look out for each other
I have really bad anxiety. I try not to let it get on top of me
I wish I had a job
I'm a chemical engineer, top in my trade
I'm a hairdresser but I'd love to make cakes for a living
I play the piano; classical is my favourite
I'm studying at TAFE I really like it
I take medication to keep my mood stable
I have HIV and I have three kids
I want to learn to use socially instead of feeling out of control
I like to sew and make clothes
I have cancer
I have nightmares
I like to garden
I use drugs, I'm an addict, but I think I'm a good person
I want to write a book
I'm good at macramé and origami
I'm gonna start doing meetings or something
I used to have it all but drugs took it all away
I once had a line in a Chinese movie

Well. That's a few of us.

by Tony



DEAR DOCTOR

Dear Doctor

The last few times I have injected ice, I have gotten really thick blood in the jack-back, my blood has been like treacle. What is that, is it a problem and how do I fix it if it is?

By the way, this is not the first time I have heard of this... other ice users have said it too.

Brad

Dear Brad,

Blood naturally coagulates or congeals when taken out of the body. However if you blood is thicker than normal it is most likely to be because of some chemical residue in your mix - one of the additives in the ice - that is causing your blood to coagulate even more quickly. This will be why it looks thick and moves slowly.

Do not inject your blood if it has formed a thick blood clot. Although if it is a clot, you may not be able to inject it, even if you wanted to. Clotted blood will resist going back through the needle. You will have trouble pushing it back into your vein. If there is any resistance at all, stop, pull out, transfer any of the mix that does not have blood in it into another fit, then try again. It is best if you can find a vein without significant jack back. If you inject clotted blood from a jack back you may end up with thrombosis, which is life threatening.

There are other reasons why your blood might seem to be thicker than normal. When you are struggling to find a vein, the blood may flow more slowly and coagulate more quickly as a result. Ice can cause constriction of blood vessels, making your veins narrower and this may contribute to the difficulty finding a vein. Are you using a small vein? Is it a scarred vein due to repeated use? It would be good in this instance to have a chat to your local NSP or NUAA about safer injecting techniques including rotation of injecting sites. They will be able to help you to learn how to do this so it works better for you. To open your veins you could try drinking some water or applying heat to your injection sign before you inject.

Another lesser possibility is that you might have been are using a smaller gauge needle than you are used to and again, the blood is flowing more slowly and coagulating more quickly. Experiment with needle gauges and see how you go.

Dear Doctor,

When I first went on methadone, I was told not to eat or drink anything for 30 minutes afterwards, not even water, as it would work against the methadone getting into my system properly - diluting it. I mentioned this recently to a friend who had never heard of this. Can you clarify? Do you need to wait? What about on suboxone?

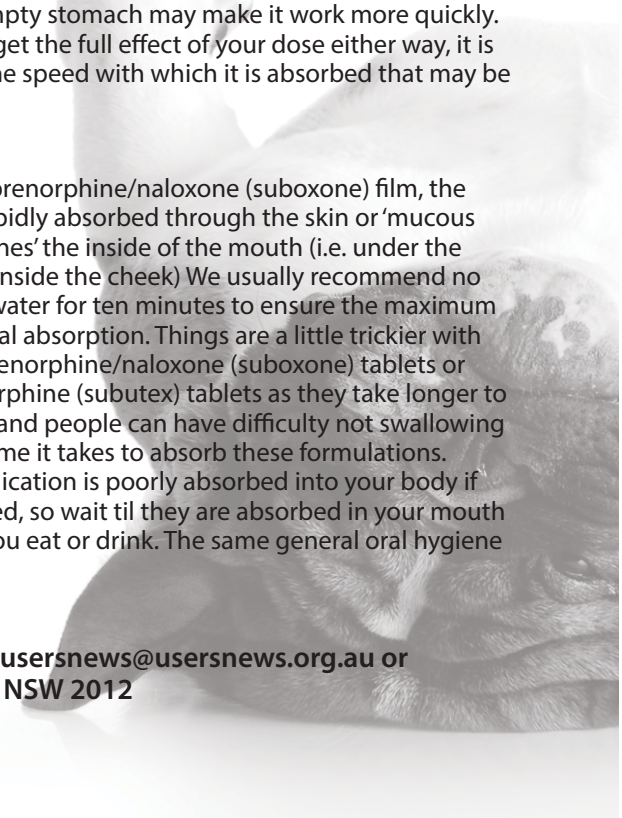
Brandi

Dear Brandi,

Your methadone is absorbed in your small intestine along with other food and drink, but there is no need to avoid food or drink after methadone. In fact, we encourage people to have a drink after their dose and there may be some benefit in chewing gum to get the salvia moving and protect your teeth. The general advice about good oral hygiene apply as the opioids in general cause dry mouth and increase dental problems.

Some people eat prior to consuming their dose to stop nausea. However, taking methadone on a full stomach or eating straight after your dose may make your dose come to full effect more slowly. Conversely, drinking it on an empty stomach may make it work more quickly. You will get the full effect of your dose either way, it is simply the speed with which it is absorbed that may be affected.

With Buprenorphine/naloxone (suboxone) film, the film is rapidly absorbed through the skin or 'mucous membranes' the inside of the mouth (i.e. under the tongue, inside the cheek) We usually recommend no food or water for ten minutes to ensure the maximum sublingual absorption. Things are a little trickier with the Buprenorphine/naloxone (suboxone) tablets or buprenorphine (subutex) tablets as they take longer to dissolve and people can have difficulty not swallowing for the time it takes to absorb these formulations. This medication is poorly absorbed into your body if swallowed, so wait til they are absorbed in your mouth before you eat or drink. The same general oral hygiene applies.



Ask our team of doctors! Send your question to usersnews@usersnews.org.au or PO Box 350 Strawberry Hills NSW 2012

Dear Doctor,

I have hep C and my fibroscan score is 7, which I am told is on the border line of treatment. But I have a lot of symptoms that I am sure are to do with my hep C, including night sweats, depression and tiredness. I really want to get treatment but I have been told by my doctor to wait for the new medications. I just want to get fixed up. Is it really worth waiting?

Phil

Dear Phil,

The Pharmaceutical Benefits Advisory Committee (PBAC) is an independent committee that advises Government on what medications should be made available on Medicare. This year, it has approved several new medications including four new treatments for hepatitis C but we're waiting for an announcement on when they'll be listed as subsidised by Medicare - very important as they cost nearly a hundred thousand dollars per treatment. We're expecting these new medications to be available in December.

Deciding to wait for these new treatments is not an easy one. Many people are waiting but the informed decision to wait is a personal one. There are lots of things to take into account, like managing symptoms, taking care of your liver, and the advice of your liver specialist.

But all the research shows that these new medications – called Sovaldi, Harvoni and Viekira Pak – are a huge improvement over the current treatments in many ways. They are definitely worth waiting for if your liver is in good shape.

The new medications are more effective, giving you more than 90% chance of getting rid of hep C. Interferon alone only gave 10% chance of success and current treatments give between 50% and 80% depending on things like your genotype and if you've been treated before.

They have significantly fewer side effects, because there is no interferon involved. Many people chose to avoid or stop treatment with interferon because of the incredible side effects. However the new treatments will likely be prescribed with a drug called ribavirin which isn't free of side effects. Still, they are a big improvement from the current treatments and will make treatment much easier.

The new treatments also take much less time to clear the virus - just 12 weeks in most cases rather than the 12 months the old treatments took. It also means no injections and only a few pills per day to cure hep C.

Of course, while your fibroscan score and your doctor's advice indicate you are not at immediate risk of liver failure, I appreciate that you are experiencing symptoms that make seeking treatment a priority for you.

Some people wanting access to the new medications are importing them from India. Medications that are not available in Australia are being sold in India in generic forms for around $900. They need to be taken under a doctor's supervision. Do your research carefully before you go down this road. For further information, check out http://blogs.hepmag.com/gregjefferys/ and fixhepc.com

Another way people are getting early access to hep C drugs is by getting on a trial or being treated with the new medications on compassionate grounds. Your liver specialist will be able to see if these are options for you to explore.

In the end, it is your choice and if you do want to pursue treatment under the current medication regime you should ask your doctor for a referral to a liver specialist and discuss this with them. Once your doctor understands that you have researched the matter thoroughly and are making an informed choice, he may agree to start you on the current treatment.

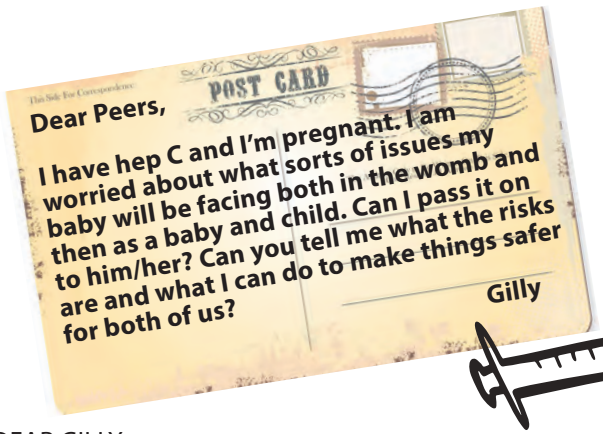
If you do decide to wait, look after your liver in the meantime. This means cutting down on alcohol, high salt and high sugar foods, eating a balanced diet with lots of vegies and fresh foods, exercising and taking care of your overall health. This will give you the best possible chance of having a much healthier liver which in turn will make you feel much better in the long term.

Talking with like-minded people can also be a great support. NUAA's LiverMates groups are set up, run and attended by people who use drugs and have hep C, to support each other. Call NUAA to find out where groups are currently running or to find out how to start one up in your area. Hepatitis NSW also run support programs so you can also give them a call.

You also need to continue to check the health of your liver. See your specialist every six months to get new fibroscans to see if your liver health is staying the same or getting worse. You don't say what genotype you are. If you don't know, get tested for this as your genotype will determine the treatment options available to you.

In the meantime, write letters to the editor of local and major newspapers and to your local Member of Parliament telling your story and urging them to hurry with the new medications. Your quality of life depends on it.

NUAA KNOWS HOW



Ask a peer anything!

Send your question to usersnews@usersnews.org.au or PO Box 350 Strawberry Hills NSW 2012

DEAR GILLY:

If you've ever injected, you should be tested for hep C. Antenatal care offers an opportunity for women in at-risk groups to be tested for hep C and find out more about how it affects them. If you know you have hep C it is important to let medical staff know. The risk of passing the virus to your newborn baby is low, but you need to have someone on your antenatal team with special expertise in infectious disease to help get the best possible outcome.

Transmitting the virus can only occur if you are RNA positive, so get fully tested to find out if you are actually living with hep C. A few NUAA staff members, including the CEO, think that they cleared hep C spontaneously while pregnant. If you are living with hep C, you may need more tests done to find out how well your liver is functioning.

Your baby will not suffer any damage in the womb from your hep C. However, you should make sure you eat well, drink plenty of water and exercise to assist your liver to function to its best capacity while you are pregnant and beyond. Talk to your antenatal team about this.

Babies born to women with hep C are sometimes born prematurely or have a low birthweight. If you are pregnant and have hep C, you may be more likely to develop gestational diabetes.

You can't be on treatment for hep C when you are pregnant as the medication may harm your foetus. It is strongly recommended that people on hep C treatment medication do not conceive.

The technical term for an infection passing from mother to unborn offspring is *vertical transmission*. It is uncommon, but it does occur. Around 5% of newborns will be passed the hep C virus from their mother.

Things that can increase the risk of vertical transmission are HIV co-infection, a high viral load, if there is a longer than usual time between membrane rupture (your "waters breaking") and delivery and if invasive devices such as foetal monitors are used.

Remember you are the best advocate to keep your baby safe. There may be a risk of infection during childbirth - be prepared to remind medical staff during delivery about your hep C (more than once!) especially if there is a risk your baby may be scratched during delivery such as might happen during high forceps delivery. Caesarean sections have not been shown to reduce (or increase) the risk of transmission.

A baby born to a woman living with hep C is bathed immediately to remove any maternal body secretions and blood prior to IM (into the muscle) injections like vitamin K that are routinely given to newborns.

If you have the hep C antibody, your baby may be hep C antibody positive at birth due to passive transfer but this does not mean s/he has hep C. You cannot know for sure if your baby has hep C until s/he is 18 months old. This is the age recommended for proper testing. Before then, you may get a false or confusing reading.

Just like you, your baby will be screened for antibodies, then if that is positive for RNA by a PCR test, and if that is positive, tested for abnormal liver function. If your baby is living with hep C, you and your baby will be referred for management and treatment.

Horizontal transmission refers to household members passing an infection to each other during their daily routines. Theoretically, hep C can be passed if someone gets hep C blood into a wound from a razor or toothbrush. However, the circumstances for hep C to be transmitted between household members have not been proven and are unusual.

Living with hepatitis C infection isn't a reason to not breastfeed your baby. This has not been shown to increase the risk of passing on hep C to babies. However, when there is cracking or bleeding of the nipples it is wise to express and discard the milk until any open wounds are healed.

The NUAA Peers

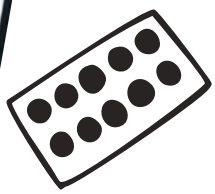
POST CARD

CARTE POSTALE

Dear Peers,

I want to get wheel filters but I live in a small town and the only chemist is the methadone dispensing pharmacy. What are my options? Also I know there are two types of filters. What are they each for? What is the best to use for pharmies and which for methadone?

Mia



DEAR MIA:

There are actually five different types of sterile wheel filters - also known as micron filters and syringe filters. At NUAA we carry two: the red particle filter (1.2 micron) and the blue bacterial filter (0.2 microns). We recommend the blue filter (the finest) for methadone and Suboxone and the red filter for tablets. If your mix is exceptionally chalky, your best filter is the red one. Best practice is to follow that up by putting your mix through a blue filter as well to ensure you have no bacteria that might give you an infection or illness from a "dirty hit". If your mix is not chalky, a blue filter will do the job on its own.

Note that filter colours may change with the brand. We stock products by sartorius stedim called Minisart®. Some, but not many, rural primary and secondary NSPs supply wheel filters. If yours doesn't, ask them to. In the near future, NUAA is hoping to be able to offer a service to its members where wheel filters can be ordered and posted but it will need to be run on a cost recovery basis. At this point there are still policy issues but fingers crossed. If it is possible to do it, we will get it happening. Call us to ask about this, 02 8354 7300.

In the meantime, you could try the internet. But wheel filters are expensive. You may have to buy a box of 50 at a cost of over $100, plus postage. Make sure the filters are sterile. There are a number of non-sterilized filters for sale, but these are NOT suitable for injection. You want them individually wrapped. Wheel filters are to be used once only. A guide to using them can be found here: http://www.nuaa.org.au//wp-content/uploads/2014/05/UN68_Wheel_Filter_Guide_web.pdf

The NUAA Peers

Breaking down hep C for Mums

90% of hep C transmissions are from people who inject drugs...

Have you injected? Get tested!

Your test result	What it means	The risk for you and your baby
AFTER A TEST FOR ANTIBODIES TO SEE IF YOU HAVE BEEN EXPOSED TO THE VIRUS...		
Hep C Antibody (-) and normal liver function	Great! This mneans you have never been exposed to the hep C virus. Keep injecting safely!	YOU AND YOUR BABY ARE NOT AT RISK
Hep C Antibody (+) and normal liver function	You have been exposed to the virus and need a PCR test to see if you have hep C	YOU AND YOUR BABY MAY BE AT RISK (You need another test)
AFTER A TEST TO SEE IF YOU ARE LIVING WITH THE VIRUS...		
HEP C RNA (-)	You have cleared the virus. Awesome! Stay safe!	YOU AND YOUR BABY ARE NOT AT RISK
HEP C RNA (+)	You have an active infection. Get a liver function test. Have regular monitoring and look after your liver health	THERE IS SOME CHANCE OF TRANSMISSION. Test your baby at18 months old to see if s/he has the virus.

HARM REDUCTION APPROACH TO PARENTING

We asked a number of people who use drugs what they do to keep their kids safe and how they talk to them about various aspects of their lives. Here are some of their answers. These are not definitive, nor are they the correct answers - in fact some may contradict others. These are simply examples of the way some parents have managed being a parent who uses drugs. You may have other opinions. If you want to have your say, please feel free to leave a comment on www.usersnews.com.au or write a Letter to the Editor.

You may also be interested in Richter, K and Bammer, G, 2000 A hierarchy of strategies heroin-using mothers employ to reduce harm to their children Journal of Substance Abuse Treatment 19 (403-413).

Phoebe on being a using Mum:

I have three adult children they are all happy, well connected individuals with an understanding of the many issues people face in their lives. They are compassionate and kind. I spent the entire time as they were growing up with a gnawing pit of fear in my gut that my drug use would do what they all said it would and irrevocably ruin my children's lives.

Many of the women who began using when I did had very few or no role models to show us we can use and our children can grow into delightful human beings. Our use can't interfere with the basic needs a child has: safety, security, love and attention. Even a "junkie" can provide those things and lots of us have. But it's hard work to live a double life. School can't know, the friends' parents can't know, the people down the shops can't know. So many people can't know about a huge part of you.

Children do not need to know about your drug use. There is nothing hip or cool about saying "I don't want secrets". This isn't about you! Your child wants that secret kept. They don't want to have to worry about cops, overdose etc. It's your use, it's your burden. Kids deserve a childhood. A time always comes when it needs to be talked about but as late as possible if possible.

Love them and don't use the excuse of being a "junkie" for being a bad parent. I get really angry about people not providing presents on birthdays and at Christmas and blaming it on being a "junkie". Sob sob. That's not the reason. That's just about being a lazy selfish creature that has nothing to do with drugs.

Denise on talking to your kids about your drug use:

I suppose there is no magical best formula for talking to your kids about your drug use, but there are certainly some things to avoid. Hiding and making up stories is not the go - kids are way too intuitive for that! I think it's always best to be honest and explain everything properly - which is what I have done.

I have never felt guilty about using. When my son was very young the hard part was explaining why he shouldn't tell other people about it! But even that was not impossible.

I pretty much explained things like this: "Many people everywhere have different foods and drinks and things they smoke or inject to make them feel different. Mummy likes to have some things like that. So do other people. Of course it is no-one else's business what people choose to have as long as they don't upset other people." I used analogies with gay rights - as we have several gay and lesbian close family friends - and the madness of some people and even governments in trying to stop them loving each other. I explained that unfortunately at different times in history and in different countries, some people sometimes try to interfere with other people's private choices. "In Australia at the moment even the government is trying to interfere with people's private lives and that

is why we need to keep this a secret for now. Not everybody takes things to make them feel different - but most people do. Some people without much experience act like sheep and follow whatever the government says. If people like that know about Mummy taking these things, that can make a problem. Isn't that crazy? There are indeed some crazy things in the world - some are good and some are not ... But don't worry, Mummy will be very careful and we can just keep our private matters to ourselves."

It was important that he could see that I was okay. I always told the best made up bedtime stories on opiates! I managed to keep the home a functional and loving one.

I explained things in more detail as he got older, things like pleasure, dependency, harm reduction and so on, adjusting what I said to age. In fact having done this once a year or so since age three, and since he really got most of it the first time, it was hard to capture his interest! He did ask a few things along the way and my answers were always full and reality based but centred around human rights and facts about different substances, their respective values and potential harms and how to reduce those harms. He remains (now nearly 19 years old) non judgmental and rather disinterested about it.

Jim on hepatitis C:

I am really aware of my hep C and I think it's my responsibility to keep my family hep C free. It's not something they should have to think much about. I keep my razor and toothbrush separate in a place they can't get to and am really careful if I bleed. I have explained to the kids that I have a sickness that affects my liver and that it gets passed along if my blood gets inside someone else's body, like could happen if I cut myself shaving then someone else used my razor and they cut themself as well. But I tell them this doesn't happen very often.

I haven't actually told the kids anything about why I have it. They are still young and I don't think they need to know that. I have told them that I am sick but not to worry about it, that there is treatment. I tell them the only reason I haven't been treated yet is that I am just waiting on some new medication that has just been invented that works really well. I have told them that the medication might make me feel sick, but when it is over I hope I will feel a lot better and have a lot more energy. My daughter asked me if I'm going to die, and I reassured her I wasn't.

I'm really determined that if I clear it I won't get it again. When you have kids you just can't take those kinds of risks and be careless with your health. They are counting on you to be around for them.

Sandy on methadone:

I know people who keep their methadone a secret from their kids, but I don't keep my other medication secret, so why would I be embarrassed about this? But I haven't told them what it is for, that is for another day. For now, it is medication that Mum and Dad take because they get sick if they don't take it. In the future I will tell them about our history as drug users. I think I am lucky to have that understanding as these days all parents have to deal with talking to their kids about drugs and at least I have experience and a balanced view of it all. I think most parents are scared of drugs out of ignorance so they say stupid things to their kids like "just say no" - as if kids are going to listen to that. I think I will be able to advise my kids better than that.

I keep our takeaways up high and locked up, in a place they can't access. Even the empty bottles. If they took some I would never forgive myself. If they are around when I am taking it, I remind them that it is dangerous, that just a little bit would kill them. I also tell them taking any medication that is meant for someone else can make you very sick or kill you, but that methadone is very strong and I can only take the amount I do because my body is used to it. I also talk to them about how dangerous it would be to drink household poisons - cleansers, bleach, metho, that sort of thing. As an extra precaution, I tell them it tastes really bad and overact a bit when I'm taking it; I make a face and saying "yuck, that's revolting!"

One of my kids is a bit of a bright spark and asked me "Will I take that when I get older Mum?" I was really shocked at first, but then I realised it's because both my partner and I are on the program, plus we know other people who are as well, so she jumped to the conclusion that all adults are on methadone. I told her I hoped she would be healthy her whole life and not have to take any medication at all. She was quite happy to accept that and hasn't asked about it since. It wasn't the big deal I thought it might be.

CONTINUED FROM PAGE 23

Geoff on dealing with DOCS / FACS:

DOCS wanted to take my three kids because we were using a lot at the time. I realised there was nothing else for it, I mean, you can't fight City Hall. I just had to change things because no-one was taking my kids. I went cold turkey next day, just stopped, and didn't use anything at all for the next ten years or so. I mean nothing, not pot, nothing. My wife and I did urines twice a week for a long time, then weekly, then monthly, it just became part of our lives til DOCS closed the file on us.

I'm not saying it wasn't hard. But it was worth it. I knew there would always be drugs there, that I could become a dribbling, stoned old man once the kids were living their own lives. But that time with your kids, you can never get that back. Every day I spend with them is my reward, and there are moments with your kids that are higher than the highest drug high. There are times you feel like strangling them, but those years with my kids, I wouldn't have swapped that for anything. And they are doing great now, I love boasting about how well they are doing.

Some people can get away with using drugs and having kids, and that's fine, but I didn't have that choice. They were literally going to take my kids from me if I didn't shape up. That was the reality. I just did what I had to do. I couldn't have lived with the alternative. I'm not judging what anyone else does, or holding myself up, but that's how it was for me.

Zinnia on coping with fostering:

My son is in foster care. While it broke my heart, at the time I did think it was the best thing for him. I was lucky to have a family member step up which made it a bit easier. She is the salt of the earth and I really respect her. It is difficult to tell little kids why anything happens, but I just kept it simple. When I explained why he had to go I pointed out the advantages. I said he was going to live with nice people who would look after him and that he would have other kids around the same age to play with. I emphasised that it wasn't his problem, it was nothing to do with him, that he wasn't a problem, but that I had some things I had to work out and couldn't look after him well enough. He wasn't old enough to take in much more than that.

I have always made sure I was consistent. At Xmas and birthdays I always made sure I sent at least a card that said I loved him and was thinking about him. I used to send him books as presents a lot, because they were educational and because he could keep them. I always put an inscription inside, writing something nice and loving. I made sure I saw him when I said I would and went to things that were important to him. When I am with him, I dedicate 100% of my attention to him. In a way it's like a grandparent role, more like a friend. I don't have to deal with the nasty stuff, like disciplining him, homework, chores, all that stuff. But I do make sure I support his carer's authority and don't contradict what she says. I think that's really important otherwise they get confused. If I don't agree with something the carer is doing, I talk to her about it, I don't just undermine her and weaken her authority. That would just mess my son's head up and cause friction.

I am travelling a lot better now, so I get him every second weekend; the other weekends he is with his dad. I never dis his dad to him. We split up because of domestic violence, but I don't say anything about it to my son. Recently he wanted the three of us to go to the zoo together. I explained that there were good reasons his dad and I broke up and that I don't want to spend time with his dad because of those reasons. I said I would love to take him to the zoo, or happy for him to go with his dad, but that going together wasn't an option.

I waited til he wanted to talk about why things were as they were, then I gave it to him straight. I haven't told him everything about my life - not many people know that! - but I have told him the important bits. I told him both his dad and I had been arrested when DOCS first came into our lives and how it happened that he ended up in care. He knows I wanted him to be in a safe, stable family home and that it was hard for me to see him go, but that I have always loved him very much and I was doing the best I could do at the time.

I think my son is amazing. We love each other very much and get on great. He knows how much I love him. The time we spend together is quality time and I think that while it's not the relationship other mums and kids may have, it works for us. He's turning out to be a really great human being.

Miriam on injecting drugs:

I think most of us parents get away with saying as little as possible until we have to, until our kids start asking questions. Then we try to say what we need to keep them safe and reassured, in an age appropriate way. My daughter is now a teenager. She has listened to our opinion as we watch the news when footballers and other well-known people have been caught taking drugs, or there has been a bust or arrest on drug charges, so she knows her dad and I support drug law reform. And living in a small place, she has sussed enough to now know we take drugs. But she also knows from her own experience that it is possible to be functional within that, to be good, loving parents, and that the stereotypes of drug users aren't true.

I have treated the "drug talk" like the "sex talk". I have told her as much as she wants to know about both sex and drugs as she is ready and I answer her questions as fully as I can, giving her info and different points of view. I have friends who won't even explain to their kids what "fuck" means - they just tell them it's a grown-up word and not to use it - but I think you should answer kids' questions truthfully and with as much information as is appropriate for their age. Right now she doesn't want to know everything I have to teach her about drugs or sex! She said she's not ready and fair enough. But I've thought it through about what and how to tell her, so I'm ready when she is. In the meantime I have said that she shouldn't believe what they tell her at school about drugs or what is in the mainstream media, that drugs are not evil and people who take them are not mentally ill.

We do tell her that not everybody does drugs, but a lot of people do. We have explained alcohol is a drug and does the most damage of all the drugs, and a little bit about why it is legal but other drugs aren't. We explain that taking drugs is a choice, it's not for everyone. I don't "normalise" it, that is I don't want her to think it is what all adults do or for her to assume she will do it too when she grows up. I have told her that drugs change the way your brain works and that her brain will not be developed enough to cope with drug use until she is 18 at the earliest. I have also said that she won't be "in trouble" if she decides to use drugs at any age, but that before she tries anything she must tell us and have a good talk to her father and/or me, that taking drugs have risks and we need to make sure she knows enough to keep herself safe. I want to make sure she has all the info she needs, including a good grasp of the harms around drug use and an understanding of how dependency can sneak up on you.

I think when you have kids you have to use drugs as safely as possible. I've learnt to use naloxone in case of overdose and have a prescription at home. I've used the same dealer for over ten years. Even if from time to time the gear is sometimes not as good as from other dealers, I stay with my people because I know and trust them. They deliver, which means I don't ever have to run around the streets or take her with me to score or involve her in any way. This lessens the risk of being arrested as well. We keep all the equipment out of sight and are careful with disposal.

Another thing is that we don't mix up or inject in front of her. We figure it's a bit like sex - you know your parents have sex, but you don't want to see them doing it! There are times we just ask would she mind giving us a few minutes alone and that we will be with her soon. We explain that just like people want privacy when they go to the toilet or have sex, sometimes grown-ups need privacy. When she was younger, one of us would stay with her at all times to distract her then swap over. These days we are more straightforward and just ask for some privacy. The eye rolling, heavy sighs and flouncing is more to do with being a teenager than anything else I think!

We are bringing her up to think for herself, to be compassionate about people and to be open to new ideas. I hope this is enough to arm her for the future.

CONTINUED FROM PAGE 25

Joel on dealing drugs:

My son lives half the time with me and half the time with his mother. When he was little, he couldn't tell if I was stoned, and didn't ask any questions. I always hid my drug use and played it down. I was dealing just a little bit of cannabis to pay for my own drugs, but I thought I was pretty discreet about it. But as he got older, he got smarter about it all.

The first connection he made about drug dealing in general was actually nothing to do with me. He found out some girls living across the road smoked dope and he was curious about where it came from, how they got it, how drugs were bought and sold. Then he started picking my "weird" behaviour. The phone would go and I would put on my shoes and be gone for a short time and then be back... until next time. Or someone would drive up to the house (we live in the country) and I would go and talk to them for a short time and then they would go.

He finally confronted me with it when he was about 14. It was like he was a parent and I was a kid! He said he thought it weak that I used drugs and disgusting that I dealt them. He said things like "I thought I knew you better" and "I'm disappointed in you". I was amazed that although it made me laugh, it really stung.
Even though I have talked to him about my views on drugs and that I am not ashamed of my drug use and tried to dispel the myths that the media, politicians and religions spread around, he still is fairly anti-drug. I have never let him down because of drugs and they have not really affected his life very much at all. I have taken him on regular overseas trips and given him a lot of love and attention. But he is still opposed to drugs. He is very bright, he wants to be a lawyer and a politician and is Dux and School Captain. But he is quite emotional regarding his views on drugs.

To cut a long story short, I have given up dealing and have really cut back on my drug use. Because his good opinion of me is really important to me. But now he's nagging me to give up smoking...

Bill on raising kids:

You know that expression, it takes a village to raise a child? It's true. I think that the whole community has to be involved in looking after kids. Sometimes I have a bunch of kids at my place or I'll take a pack of kids to the pool, and sometimes mine is involved in another part of the community. I think relatives and adult friends are absolutely essential to raising a kid, whether you use drugs or not. But if you do use drugs, it is a way you can make sure your kids are getting the attention they need and you can help out other parents that use drugs so everyone is fed and happy. When some of the adults get together to drink or take drugs or whatever, we make sure all the kids are safe somewhere under the care of someone who isn't drinking or using. They are not allowed anywhere near the action. They are protected. Whoever is looking after them will cook a big meal and get them all playing some game or watching DVDs together at night. That way everyone is looked after, parents get a break and a bit of adult fun, kids get to interact and have friendships and fun all in together. Importantly, your kids learn to understand the importance of family and community, they work on those relationships they can rely on their whole lives. We all support each other. I reckon that is the ideal. Someone is always there to pick up the slack and no kid does without.

Denny on naloxone:

I'm a father of two, married to the Mum of the youngest, who is 12. The other day a friend dropped at my place. He had benzos and some alcohol in his system and had a shot of heroin and went bang over - that mix can really get you in trouble. Luckily I had been trained on naloxone and had it there. I gave it to him and he came around and was fine within minutes - obviously shaken, but fine.

Apart from the obvious thing of saving a mate's life, I realised that naloxone is an investment in protecting my family. We are very careful not to use around our child and keep our using life very separate. By having the naloxone, we kept that experience of overdose, and perhaps death, out of our child's life. Had we had an ambo there, and maybe even the cops, he might have been home before it was resolved.

Also there is always the fear of DOCS becoming involved - that is our worst nightmare. We are careful when we use to always have another person there who knows how to give the naloxone so if one of us dropped, the naloxone gets used and our child keeps both his parents!

We know we have a great family life and our child wants for nothing, but the way people feel about those who use drugs means they don't understand we can be good parents too.

Sonia on being a drug using parent:

I've had periods where I've used heavily, daily, different substances: heroin, ketamine & cocaine. I've had periods where I've been physically dependent and periods where I just use multiple substances recreationally, even if that is almost every day. I have had periods where I have been quite chaotic and messy with my use and it was obvious from the outside what was going on. These days, I use pretty casually, I think I 'pass' – most of my friends and family have no idea what I get up to.

I don't think it is healthy or necessary to push yourself into some box you don't fit to be a parent. I really enjoy the release of using different drugs, I think it makes me a better, happier and more balanced person. Which naturally makes me a better parent. I think it is important to keep some things for yourself as a parent, you don't need to give up all the fun and wild times.

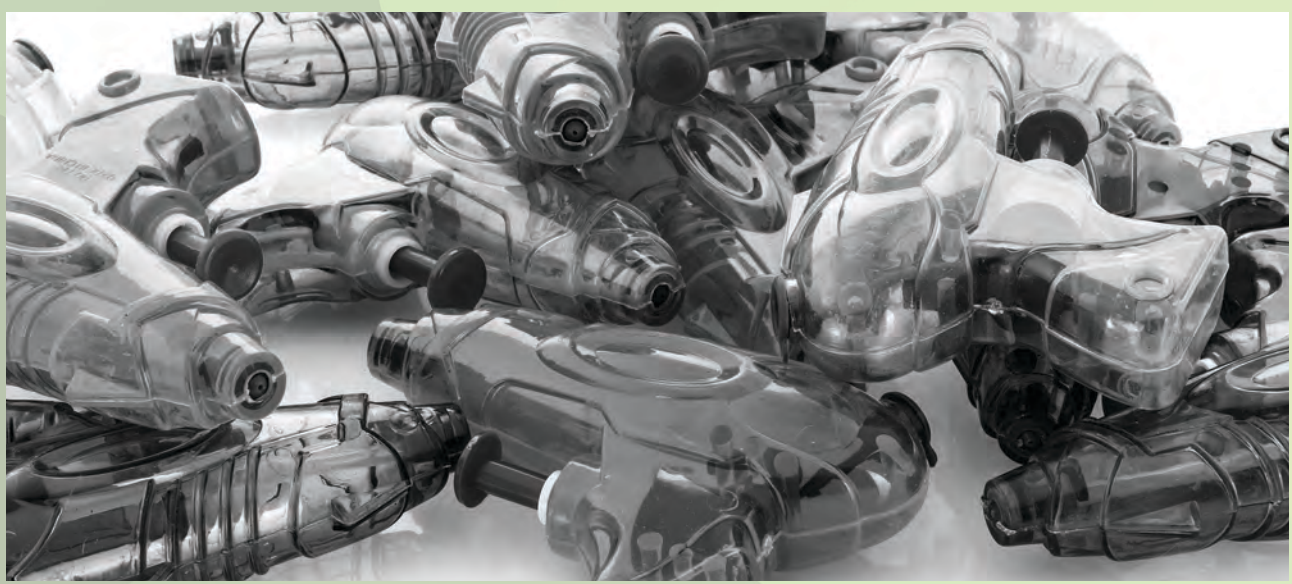
I can be quite worried about people finding out, I have a 10 year old daughter and love her dearly. I split from her dad when she was 2, he is not a drug user. I used to feel quite guilty because I'm a mum and use drugs, I would never want anyone to think I was a bad parent or worse, have my child taken away from me.

As parents we all have parent guilt about something at some point, if it wasn't about drugs it would be about something else. Deep down I know using does not make me a bad parent, but it requires constant vigilance to not take on the stigma and discrimination that is constantly projected onto us.

I have put loads of effort into decorating my little rented apartment, all on the cheap through op shops, street finds, ebay etc to create a beautiful home for my daughter & I try to keep on top of the housework. I go out of my way to cook her a good healthy home cooked meal every night, and read her stories before bed time. I try to give her as many experiences as possible, museums, art shows, camping and hiking, bike riding, swimming at the beach, growing vegies in boxes on the balcony – quality time and good memories. I always make sure she has what she needs for school and a good lunch packed. None of these things cost much money, just a bit of effort and I love the time I get to spend with her.

I try to only use after she has gone to bed, or when she is with her dad or on a play date. I never have unfamiliar people around the house when she is there, I don't like to be stoned in front of her and don't let other people be out of it around her either. I keep my using life as separate from her as possible. I always have Naloxone on hand when I use and on the rare occasions I have to use alone, I call a friend and she stays on the phone with me and would call an ambulance to my address if I become unresponsive, I always err on the side of caution and do a test shot first, I am as careful as I can be, I have too much to live for.

So whenever I have a low moment and beat myself up, I stop and look at things and I know I do the absolute best I can for her. So whether it's a friend or family member having a go at me or a knock on the door from child protection, I know that I am beyond reproach. I have the confidence to hold my head high as a drug using parent because I know that the only potential negative impact my drug use has on my child is other people's opinions, not my actions.



FAMILIES AND DRUGS:

IT DOESN'T HAVE TO BE WAR

MEET TONY TRIMINGHAM

***Family Drug Support* is an organisation that supports the family and friends of people who use drugs through a phone advice line, meetings, events, resources and by giving them a chair at the table on various policy development committees and a voice in the media. It was found by Tony Trimingham in 1997 after he lost his 22 year old son Damien to a heroin overdose.**

Damien had used after a break so his tolerance was down. After having an argument with his girlfriend, he drank alcohol , bought some gear from an unknown, untried source on the street and then used alone in an isolated place. If Damien had access to harm reduction information, things might have been very different.

Devastated and ignorant about drug use, Tony began looking for meaning in his son's death. After investigating the general landscape of the drug and alcohol industry, he was frustrated by the absence of families. Not only was there a lack of services to support families, who were often uninformed, bewildered and angry, families were completely left out of the decision making process around drug policy. Tony felt the "tough love" line - whereby families were told to be hard line and separate from their drug using loved ones - was not useful for any of the parties involved. He also came to the conclusion that treating drug use as a law and order issue was not helpful for anyone but that an answer might lie in harm reduction. As he became more informed, he supported needle and syringe programs, medically supervised injecting centres, drug user organisations, peer education and even drug law reform. After he held a public meeting where hundreds of people attended, he realised he was not alone in his views, but that many families needed assistance and support.

"At *Family Drug Support* we encourage connection and communication", Tony told UN. "Sometimes it's not possible to improve relationships, where there are ongoing intergenerational issues for example. But we can advise families how to build better relationships. Importantly, you have to be willing to let go of old ways of seeing and doing things and ingrained views about drugs, and that is a courageous thing to do. Many parents would prefer their child had a legal alcohol problem rather than being involved in illegal drugs, but this is often born out of a lack of understanding about the relative harms of drugs and alcohol or assuming that all drug use is habitual and problematic."

Tony explained that families usually go through particular stages of change in coming to terms with the fact that someone in their family is using drugs. "Nothing changes overnight" he said, "It's going to take time. Many people have strong views about drug use and working through those can be confronting."

The first stage is often denial. Tony told us "This can be a honeymoon period. Parents are happy to not talk about it at all, to stay 'off the back' of the person using".

Unfortunately, Tony has found that many parents are forced to confront the fact that their child is using drugs in a dramatic way, such as an overdose or involvement by the police. This can be very emotional and people feel fear, guilt and grief. This often manifests as anger and conflict results between the drug user and their family. Tony explained "Families go through a control phase, where they want to fix things. They want the person to change their behaviour and it is in this phase that people can resort to "tough love" of the "shape up or ship out" type, insisting the person be abstinent in order for family contact to continue. Or they might aggressively try to push the person into treatment they are not ready for or which is inappropriate. Others may decide

> "There may be history that has to be resolved, old ideas that have to be discarded and healing to be undertaken, but there is always room for discussion and moving forward."

to help, particularly by contributing financially or by getting information for them or making appointments and attending with them. This can often be a really chaotic phase."

Once families realise that these attempts at bargaining or worrying at the problem are not going to result in change, families often go through a 'disconnect' phase where they draw back completely, concerned about being hurt more or simply reaching the end of their capacity. While some people remain in this stage, with families having little or no contact or cohesion, *Family Drug Support* can provide support to help families use this period of time to open the way to healthier relationships, employing honest communication and conflict resolution strategies. Everyone can learn to be not so involved in each other's lives by putting reasonable boundaries in place and focusing on having a life of their own outside of "the drug problem". Blaming drugs or the person using drugs for a breakdown in the relationship is not helpful.

Tony explains "We show parents that they can support their children and have good relationships but they don't have to be detectives, meddling in their lives, over-involved. They can move towards greater resilience, get better coping mechanisms." The focus is on staying connected without being constantly diverted by the drug use. As Tony says, " We find that people who use drugs who have good relationships with their families say things like 'My family never gave up on me, they always supported me. The door was always open.' Those with bad relationships say 'My family are always in my face.'"

Another aspect of *Family Drug Support* is to help parents overcome some of their attitudes towards drug use which discriminate against and disempower people who use drugs. "We counsel parents that abstinence from drugs is not necessary in every case." Tony explained. "It is possible to have a good relationship with your child if they are using. We also promote methadone and buprenorphine as great options, even if they need to take those medications all their life." Tony told the story of a young man who sadly overdosed after his mother had been a *Family Drug Support* member for over ten years. Tony told us "That mother has said that because of the support and information she received at *Family Drug Support*, she got ten great years with him - ten years of a wonderful, open, respectful mother/son relationship she would not have otherwise known."

Many people who use drugs don't tell their families about their drug use, seeking to protect them from it. It is often only when it becomes necessary or is taken out of our hands that we "own up". However Tony advises that people who use drugs should talk to their family about it. "They won't be overjoyed. They'll react. They may get angry. They may even ask what they did wrong. But many will surprise you. After the initial reaction, most will try and make the relationship work," he says. "There may be history that has to be resolved, old ideas that have to be discarded and healing to be undertaken, but there is always room for discussion and moving forward."

YOU CAN CALL

FAMILY DRUG SUPPORT

ON 1300 368 186
OR VISIT THEIR WEBSITE
http://www.fds.org.au

Tony Trimingham has written a book *Not My Family, Never My Child,* published by Allen and Unwin. You can find out about it here: https://www.allenandunwin.com/browse/books/general-books/self-help-practical/Not-My-Family-Never-My-Child-Tony-Trimingham-9781741755251

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A MOTHER TELLS

EVELYN:

I have been doing the mother-of-a-drug-user thing for the past 30 years or so. My son Bill discovered heroin in the early 80s. Before the introduction of methadone, when treatment was virtually non-existent. When the catch cries were 'You have to let them hit rock bottom', and 'kick him out'. When a prominent person from a large charity "caring" organisation was saying things like 'There are worse things than dying', meaning that using drugs was worse than death. When any sort of parental help was called 'enabling'. We have come a long way since then. Bill and I have gone through the whole gamut of the terrifying use of heroin, detoxes, methadone, buprenorphine, counsellors, psychiatrists, anti-depressants – you name it.

Not many people know now that Bill is on methadone, probably permanently. He holds down a very respectable job, dresses well, looks good, works for a charity on weekends and drives a nice car. He pays his taxes. He is alive. It was a long hard road.

It is not easy being a mother. I was very pushy about getting help and got really mad when help was not available. Many mothers may not even know what help they should get. They might be terrified, ashamed, and guilty even. They might have no one they trust to talk to, or they might have asked the wrong person who has given them all that tough love garbage from the 80s. They need help as much as their children do.

Maybe I can shortcut for other mothers some of the things I found out. They should ring Family Drug Support [page 6 of the phone book] for starters and they should get in touch with a parents' Support Group where they can talk to people like themselves, in a similar state of shock and disbelief. Just being able to talk about it is a wonderful relief in the beginning.

I would say to people who use drugs to give your parents the benefit of the doubt. You absolutely need your parents and you may have to help them be able to be there for you. With the right guidance, they may surprise you.

I remember my Bill in his early 20s, desperately trying to hang onto himself, needing, needing, and needing. And the money thing! For him and for me. I had brought up my kids the hard way, doing it on my own, and not being in control of my money made me shaky at the knees.

I found there was a process Bill had to go through, and that it was best done with me there rather than absent. Through the whole thing, he had an absolute promise from me: 'I'm there with you. I will always try to listen and help. And there's always a place to live.' There were times aplenty when we shouted at each other and retreated to our own corners. There were so many times when he needed more than I could give, and when I needed more from him, by way of compliance, than he could give.

Even after all this time I'm wary of who I talk to, because I'm so afraid of society's easy judgment, and because if I reveal the heartache we've all been through I can destroy Bill's anonymity.

So let your heart ache, just a little bit, for the mothers and fathers, as well as for the children. It is easier to come through it together.

THE TWO OF US

MARY LOU AND SARA:

Mary Lou, Sara's mother

Growing up Sara was always a model child… always doing well in school and had sensible friends. Her drinking habits in her late teens were a concern but accepted particularly in her hospitality career that followed.

As time went on her sympathy for those in unfortunate circumstances and marginalised groups including drug users was obvious but not related to her personally to my knowledge. I felt she was a reformer rather than an 'user' herself – overly sympathetic to the underprivileged. But when physical injuries occurred following serious assaults and criminal activity, I realised that she was a participant herself . Naturally the family were very concerned , hoping Sara would see things with clarity and fingers crossed, get through relatively unscathed.

After watching the ABC's Lateline program 'Heroin Heroine' where Sara was interviewed about her Narcan training for opiate overdose, I was surprised in some ways but impressed with her openness and honesty... and pleased and relieved that she is helping others in such a real way and managing her drug use and life. She has come through so well I can't ask anything more than that. It makes me very happy.

Sara, Mary Lou's daughter

It's very hard talking openly to my mother about things I know have worried her and made her disappointed in her eldest child.

I was only honest about my social and drug habits when I was forced to. I wanted to protect my parents and not hurt, stress and worry them. They did everything to provide me with a wonderful upbringing and education.

I went off the rails after losing my husband, then everything toppled including the family restaurant business which I ran. I felt a failure and was guilt ridden for many years as a result of letting my family down. It was easy drifting into more socialising and experimentation and curiosity with drugs. My communication with the family lessened. I placed myself into a self imposed banishment. Some family members I haven't seen for over 5 years. It was only my Mum and Dad that I stayed in regular contact with.

I am so appreciative of Mum and Dad's patience, tolerance and non-judgmentalism.

I hope they also see that the work I am now doing is to give back to them and society. That if I hadn't used drugs I would not have had the experiences and now the opportunities that lie ahead.

Sara is a Peer Participant at NUAA. You can see 'Heroin Heroine'at http://www.abc.net.au/lateline/content/2015/s4267415.htm

THE RIGHT START...

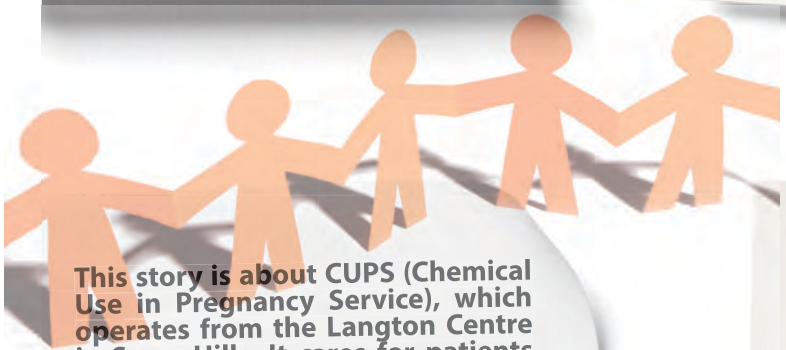
Every Local Health District (LHD) in NSW has a service aimed at helping women who use drugs and who become pregnant. There are special services for women who are Aboriginal or have other specific cultural needs.

Women who have used their services say they are very helpful and nonjudgemental.

Many thanks for the info in this piece to CUPS nurses Sara Clews and Janet Falconer, tel 93827111 page CUPS

If you are pregnant you must have medical services. You may as well have the best care possible from someone who is definitely on your team, who knows your issues, won't be judgmental and understands that you love your baby and want the best for them.

Many women who use drugs are worried about the attention of FACS – Family and Community Services - also known as DOCS. But working with a CUPS service can actually help. Not accessing antenatal care can be grounds for intervention. But getting this kind of help shows that you intend to start on the right foot and use all the resources available to look after your family. It really pays to have people who can help you right from the beginning, connect you with continuing help and even speak up for you down the track if need be.



This story is about CUPS (Chemical Use in Pregnancy Service), which operates from the Langton Centre in Surry Hills. It cares for patients in the South Eastern Local Health District including babies born at the Royal Hospital for Women.

There are similar services throughout NSW.

Contact: *Call ADIS on 02 9361 8000 or 1800 422 599; they can help connect you with the right services.*

What does it mean?

natal Relating to a person's birth, that is, your birthday is your natal day.
antenatal The antenatal period covers the months you are pregnant. Also called **prenatal.**
perinatal The perinatal period is the period five months before and one month after birth.
post-natal The post-natal period is after your baby is born.

The Chemical Use in Pregnancy Service (CUPS) offers timely interventions before, during and after pregnancy to ensure better outcomes for women and families affected by alcohol and other drug use. CUPS provide information regarding all aspects of alcohol and other drug use during pregnancy, to enable informed choice about treatment options. Other interventions include assessment, counselling, referral, and a telephone information support service. Consultation and referral to a variety of agencies is provided, with an emphasis on the Royal Hospital for Women. A clinic at Sydney Children's Hospital, Randwick provides care after discharge home.

CUPS liaises with other community service providers, such as pharmacotherapy clinics, share care GPs, welfare, mental health and child protection services. Consulting with other key service agencies allows for continuity of care during pregnancy and effective planning of follow-up care.

CUPS is a specialist alcohol and other drug liaison and consultation service which is run by nurses. CUPS' aim is to support women who use drugs and their families throughout their pregnancy, including that difficult first year after birth. Many pregnant women who use drugs are extremely frightened and reluctant to and ask for help with the things they need. So CUPS is there to offer support.

The CUPS team consists of two nurses, supported by doctors who work at the Langton Centre, RHW and Sydney Children Hospital. Other teams in NSW will be supported by your local hospital as well as your local drug and alcohol services.

Services like CUPS can help you with many aspects of your pregnancy and the birth. They can even help if you are undecided about continuing your pregnancy, arranging counselling, and support you if you decide to terminate. If you decide to continue your pregnancy, they will help you receive the right care during pregnancy.

You must have care during your pregnancy. Getting the right support during this time improves outcomes for mothers and babies, regardless of which drugs are being used. Even if you have had previous pregnancies you still need to attend antenatal care. If you don't have private health care it can be hard to navigate the system. You need someone to help you who will be consistent throughout your pregnancy and can support you through the various tests, examinations and appointments. Start with your GP. CUPS won't become involved with you in your pregnancy if you don't approach them. Not getting the appropriate antenatal care can be a trigger for FACS to intervene, so if you don't want to use them, please talk to your GP about alternatives.

There are plenty of good reasons to use a service like CUPS. Importantly, CUPS is not there to judge you, but to give you reliable information and support. There is often a lot of incorrect information on the street about pregnancy and drug use. Find out the facts from the experts. You can even call them anonymously if you have questions before you decide if you want to approach them further.

CUPS work closely with all other health staff involved in your care; this can be social workers, mental health supports and your drug and alcohol support workers. They can help you make doctors and hospital appointments for antenatal care. They can also assist with organising birthing education for you and your partner. They will also ensure you are screened for blood borne viruses like hepatitis C and referred you to the Liver Clinic if required for further care.

During your first appointment at the hospital you will be asked by the midwife/doctor about drug use. CUPS advise that it is best to be honest so you have the right information and the appropriate supports can be arranged for you and your baby can be carried and delivered as safely as possible. This may include getting you on pharmacotherapy, like methadone or buprenorphine, and other drug treatment support.

The main aim of CUPS like services during your pregnancy is to give you the information you need to make informed choices about your drug use and treatment options, while keeping you and your baby safe. They can provide you with current information on the effects of all drugs and can work with you so you are stable and ready for your baby. CUPS can give you all the information you need about possible withdrawal symptoms your baby may experience and how that will be managed in hospital if necessary.

Unfortunately, many women are scared of CUPS as they are worried about Protection Services. It's true that CUPS staff, like every health care worker, are legally required to report any concerns they may have that a child is at risk. The role of all the health workers involved is to help you to address any concerns such as these during your pregnancy. CUPS will be upfront about any concerns and discuss them with you. If they decide to contact FACS about the welfare of your child, you will be told about it before it happens. The most common Child-at-Risk concerns that CUPS has are continued drug use, instability, homelessness and domestic violence. FACS is not automatically involved if you are on an opioid treatment program.

CUPS can refer you to a welfare/ social worker to help find suitable housing prior to your baby's birth. There are many organisations that can help with collecting items needed for your baby. CUPS can help you with this. To make sure you have help with anything you may need, CUPS will visit frequently when you are in hospital. CUPS will be involved with your baby after birth, called post-natal care, to help you provide the best care possible.

FACS now has a Perinatal Team who may request to work with you in your pregnancy to address concerns. This is voluntary, but CUPS strongly encourage women to take up this opportunity if offered.

When your baby is discharged home, CUPS holds a twice-weekly clinic at the Sydney Children's Hospital, where they can follow up your baby to make sure he or she is fine. Other hospitals hold similar clinics. They are free of charge. If your child needs ongoing medication to manage withdrawal symptoms, it will be prescribed at this clinic.

Women who avoid services like CUPS generally experience worse outcomes, because they may not have received antenatal care and they may have medical conditions that have gone unchecked. If you are not connected in with a service like this, there may be an assumption that your drug use is chaotic and you may not get the opportunity to be involved in planning your care and the care of your baby. The sooner you seek help before your baby arrives, the more time services like CUPS will have to help you get ready.

KEEPING EACH OTHER SAFE:

RELATIONSHIPS, INJECTING AND HEP C

Thanks to Jake Rance, researcher with the Centre for Social Research in Health, for telling us about the project he is working on with heterosexual couples who inject: 'Understanding and preventing hepatitis C transmission within sexual partnerships'

Partnerships are often based on high levels of intimacy, collaboration and sharing. This is as much the case for partnerships between people who inject drugs as for other partnerships. Perhaps not surprisingly then, the majority of needle-syringe sharing also occurs between sexual partners. Despite this, little hepatitis C prevention research to date has focused on the intimate partnerships of people who inject drugs. To address this gap, the Centre for Social Research in Health has been leading a three-year project that draws mostly on the experience and expertise of heterosexual couples who inject.

With assistance from organisations such as NUAA, we recruited 80 heterosexual couples from inner-city Sydney and Melbourne and asked them a number of questions about injecting drug use, hepatitis C and partnerships. Was hepatitis C relevant to their relationship, for example; or how did injecting with their partner differ from using with friends? We wanted to focus on participants' 'lived experiences' of intimate partnerships. We particularly wanted to better understand the role of intimate partnerships, as not only crucial sources of care, support and stability but as influential sources of practice, including those negotiated around injecting drug use.

For many participants, trust was the distinguishing feature of shared drug use with their intimate partner. Trust meant more, however, than simply the avoidance of hepatitis C risk: it was also about safety and security more generally. Trust functioned as a form of emotional—as well as risk—management. Nearly all participants described rules they had negotiated with their partner around injecting drugs with others. Following these 'rules' was integral to creating and maintaining trust and intimacy within the relationship. For some couples this meant agreeing not to inject with anyone outside the relationship.

Many of our participants reported doing 'everything together'. Being continually physically and emotionally close led to the creation of intimate, interpersonal knowledge. That is, couples came to know about the details of each other's injecting practices, blood test results, and medical check-ups. This 'biomedical' knowledge within the partnership helped build trust between partners and ways to manage hepatitis C risk.

Importantly, participants' perceptions of risk (and safety) were not fixed but changed over time and place. Couples' sense of which injecting-related practices were risky evolved during the course of their relationship. The balance between intimacy and avoiding infections such as hepatitis C inevitably shifted to reflect the maturity and security of the relationship. For some couples, a growing sense of emotional closeness led to a 'relaxation' of attitudes towards hepatitis C, with efforts to keep injecting equipment separate decreasing as the relationship became more 'serious'. For others, however, their injecting practices became 'stricter' over time – after gaining a clearer understanding of 'genotypes', for example, or after beginning hepatitis C treatment.

Decision making about managing risk was a complex, confusing and at times contradictory process for these couples. Most saw their relationship as a safe and trustworthy space. Sharing needle-syringes with one's partner was invariably described by participants as a 'last resort' and not something to be considered with anyone else.

Our study challenges the popular misrepresentation of couples who inject drugs as 'drug-driven' and 'unhealthy'. Notions of love, care and commitment were commonly emphasised by participants when describing their relationship. For many, their intimate partnership functioned as an emotional refuge and a form of social protection against a typically hostile world. In the ongoing effort to address social disadvantage and discrimination, as well understand and prevent the transmission of hepatitis C, we need to better recognise and work with the integrity and strengths of intimate partnerships among people who inject drugs.

WHAT SOME OF THE PARTICIPANTS IN THE STUDY SAID ABOUT THEIR RELATIONSHIPS:

Suzie, 46 years, living with hep C / Seth, 34 years, living with hep C

I was one of those people that said, yeah I've got hep C too, sharing is fine … But now that I have been more educated on hep C, I'm a lot more wary. I will not share Seth's equipment any more … I won't risk getting another genotype … No way!

Janine, 48 years, hep C neg. / Jim, 62 years, living with hep C

Jim's always taken really good responsibility for his hep C and so even where there's been times when I might have like gone, oh, don't worry about it [sharing equipment] … he has been really firm and said don't be so fucking stupid … I think that's really important, because it's made me feel valued when he does that … My partner takes care of me.

Pam, 50 years hep C neg / Patrick, 52 years, living with hep C

Every now and then when we have been stuck and we've only got one fit between us … Patrick will make sure that I use it … then he'll rinse it and use it … Because he has hep C and I don't … And he wants to keep it like that … It isn't really an issue for people like us that are partners and are faithful, and are loyal and stuff.

Jenn, 31 years, living with hep C / Jim, 32 years, living with hep C

I haven't used on my own in a long time and just having him there I know at least if I overdose I'll be OK. I trust him completely, and just kind of, I think safety.

Shelly, 34 years, living with hep C / Steve, 33 years, cleared hep C after treatment

In the past when we both were hep C positive and we both had the same strand, and we knew that, we weren't too concerned … If we didn't have clean syringes we would just use our old ones and I'm sure I used his and he used mine … but we don't do that now that Steve has begun hep C treatment.

Fred, 29 years, living with hep C / Fran, 29 years, living with hep C

It's not only my life I got to worry about. Once I inject with others, I'm going to be bringing it on to Fran, so I have to take care of her too.

Seth, 34 years, living with hep C / Suzie, 46 years, living with hep C

I share everything with her. It might be a bit co-dependent in other people's eyes. I don't mind saying we help each other. I think that's always a positive thing. We're not lonely because we have each other to turn to, so I think that again is a healthy thing. It's a beautiful relationship.

Acknowledgements: Once again, I would like to thank all the participants who so generously shared their time and insights on the 'Understanding and preventing hepatitis C transmission within sexual partnerships' project. I would also like to acknowledge the chief investigators, Carla Treloar, Suzanne Fraser, Joanne Bryant and Tim Rhodes, along with the associate investigators, Nicky Bath and Mary Ellen Harrod.

SIX THINGS

ABOUT GETTING AND KEEPING RELATIONSHIPS ON TRACK

Feeling connected to other people is an essential part of being human. We all need to negotiate our family relationships, intimate partnerships and friendships, steering the relationship through disagreements, trials and tribulations! It is through our close relationships that we satisfy our social needs, share life's joys and achievements, and benefit from mutual support and care when we face challenges.

The depth and quality of our relationships has a significant influence on our health and wellbeing. So keeping our relationships on track, and getting them back on track when they're not working out, is one of life's fundamentals. Sometimes we are tempted to walk away when the going gets tough - and if the going gets toxic this is a perfectly valid response. But if we are talking about the relationships with our parents or children we often find it in us to push just a little harder to resolve difficulties. Here are six things that help keep a focus on good relationships:

1.Communication

Being able to communicate effectively in relationships is a number one priority; it's the key to the success of any relationship. With good communication we're able to express ourselves, we can explain our needs, wants and expectations, and understand what's expected of us. When a relationship hits trouble and ventures off track, the first thing we need to look at is how well are we are communicating.

Good communication is not the responsibility of one person alone – everyone needs to do it well and we all need to feel that we have a voice that matters.

It's best to take some time out to invest in understanding each other and slow the process down if we need. We also need to avoid making assumptions either about what we think others mean or that they have understood us. Check back with them. Clarifying mutual understanding on important matters can be done as easily as asking: "What did you take from that conversation?"

Don't neglect the fact that how we communicate is just as important as what we have to say. Our body language (the way we position our bodies towards or away from others – to invite or to avoid), our facial expressions, the tone we use and the pace of our voice are all ways we communicate. Also picking our moment is important. If we have something crucial to say make sure we pick the right time to have that conversation.

2. Repairing arguments

How we handle arguments and what we do afterwards can be make-or-break-stuff in wwrelationships. Hurtful things can be said in heated moments and these can leave long lasting scars if we leave it too long to address the fallout, or do not address it at all.

It's important to take some time to cool off after an argument. This allows space for us to gather our thoughts and replay what we said and how we said it. In that reflection time, it's useful to consider the other person's point of view.

Once we've had time to cool off, we need to remind the person we love them and what we love about them. Re-establishing the bond we have is very important. Of course, the basis for the argument will still be there and we will still have to deal with it. We can be gentle with the person but still take the problem seriously. Try approaching the issue from a different perspective to try and work things out. If we have been hurt during the argument, try using "I statements" to express how we feel. These provide a framework for us to own and express how we felt in an assertive, not aggressive, way. An example might be: "When you told me to shut up I felt worthless and unappreciated."

3. Equality, respect and power

Sharing responsibility for the health of our relationship will help keep it on track. A relationship cannot exist with a single person. By the very nature of what a relationship is, sharing ownership is a given – ideally as equally as possible - although this can shift throughout the life of a relationship. In terms of parent/child relationships, it is the parent who must shoulder much of the responsibility of keeping the relationship on track and leading the child towards maturity in this area. However, a child must always be given equal time and equivalent space to have their feelings heard and acknowledged.

As unique individuals, we each bring our own perspectives, experience and life skills to our relationships. All these qualities have value and are worthy of respect. Some qualities we'll have in common but there will also be differences. These differences are opportunities and not threats. When differences are seen as opportunities for growth and we think in terms of combining skills to make the relationship powerful, it's far easier to respect each other's opinions so each person is equal in the relationship. For example, while we guide our children, it is not our job to make them in our own likeness! They may be quite different from us. Our job is to help them understand how their qualities add value to any relationship they are in and lead them towards greater self-awareness and self-esteem.

4. Having needs isn't being "needy"

Getting and maintaining the right balance between our needs and the needs of others can be tricky, but taking the time to get it right sets a solid foundation for success – particularly in the case of partner relationships.

If we don't get it right, we risk losing our identify by sacrificing too many of our own needs, or vice-versa. Relationships are collaborations, so approach negotiating our collective needs together. If this is too challenging perhaps try mapping it out on a big sheet of paper (and make sure you have plenty of coloured markers, pencils or highlighters!)

Try drawing up a mind-map together (it should take about 15-30 minutes). This is for relationships between two people, so start with a large triangle. Name each of the three points: each partner writes their name and the third is for "our relationship" (Brangelina anyone?). All three (for this exercise it helps to think of our relationship as living and breathing) have needs in order to survive and to be happy and healthy. We will likely find that we have common needs and these should be written up at all three points. Once we're done, focus on the relationship needs and prioritise by numbering in order of most importance. Then do this for each person. Ideally, by the end of this exercise each person will understand the other better and be able to negotiate the balance of needs in the relationship more easily.

This exercise can also be useful in sorting out parent/child relationships, but in an age-appropriate way. For example, it can be a great way of helping kids see that your need for them to have a tidy room or do chores is just about helping them become independent - in line with their own needs.

5. Boundaries

Setting and maintaining boundaries is crucial to our health and wellbeing and keeps our relationships on track in a variety of concrete and practical ways such as: setting expectations, reducing stressors, splitting responsibilities, and protecting our individualism (self-identity) whilst enjoying the benefits pursuing mutual interests and sharing in our relationship.

By having a strong self-identity and clear boundaries of which responsibilities belong to us and which to other people, we are looking after and protecting each other. For a range of reasons people sometimes shift their burden of responsibility on to others. If we are like that, we need to recognise the damage that behaviour can cause to others. And if we're the type of person who rushes in and saves others from their worries all the time, we are adding an unfair burden on ourselves, risking burn-out, and ultimately we're not doing them any favours because our well-intentioned work can disempower them. A dysfunctional and highly damaging cycle of behaviour may also form.

In terms of parenting, our children are not always going to do what we want them to do or not do what we don't want them to do! We need to set them free to be who they are, release them of the burden of our values, dreams and guilt... and release ourselves from the same thing. The best gift we can give as parents is to make ourselves obsolete. When they no longer need us, we have achieved the parenting trophy.

Most of us have informal contracts around our various relationships - rules around the way we treat each other, including things like sexual behaviour, violence, drug use, gossip, etc. Having a set of rules around behaviour with our children or our parents is common and useful. For example we insist that our children are respectful towards us. We may have an agreement that our parents don't offer us unasked advice on parenting! Most of us are familiar with "tough love", where some parents refuse to have a relationship until the adult child has a certain amount of time abstinent from drugs. These extreme kinds of rules are rarely useful. While there is abusive behaviour that may be "deal breakers" in families, forgiveness and finding a way forward is important and we should always keep a door open to our children.

6. Having the courage to let go and move on

Sometimes we can do everything right in an intimate relationship, we can invest vast personal resources into trying to make a relationship work, but all of our efforts are futile.

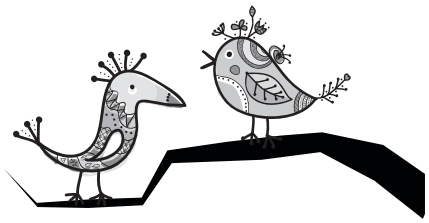
In some instances relationships can be toxic. The harms far outweigh the benefits. Examples may include people who are manipulative and controlling or who are enablers, subtly encouraging us to use more drugs. This sort of relationship can be highly damaging. They erode our sense of personal power and self-worth. We will likely end up second guessing ourselves and being riddled with self-doubt about our importance as a person and question any value we may have.

Having the courage to exit these types of relationships may require every ounce of strength we have left. It is vital that we seek support and that we access services that can assist us because the longer we remain, the more we may feel disempowered and believe that we are not worthy of living a better, healthier life.

Families are even more difficult. You may know someone who has "divorced" one or both parents, or you may have done this. In the case of toxic and abusive parenting, it may be a healthy and empowering decision. However even with counselling and support, it can be very difficult to come to terms with losing this primary relationship. You may also know or be someone who has sadly had a child removed and placed permanently with a carer until they are 18. Living with the knowledge that your child will not be restored to you, letting go of the guilt and anger and learning to love your child while you are separated is very difficult and takes much courage. Moving on with your life may seem impossible but making peace with yourself is essential. Please consider professional counselling and talk about it with those who love you. There is always a way forward to a stronger you.

Thank you very much to Marcus Pastorelli, Comorbidity Capacity Development CHPO at ACON for writing this article.

REMEMBERING LOVED ONES



On Tuesday July 21 2015 a memorial ceremony was held in Lawrence Hargrave Park in Kings Cross to remember all those who have died from what is known as "drug-related deaths". "Drug-related deaths" are not only caused by drugs themselves. The war on drugs adds significantly to poor health outcomes for people who use drugs.

The ceremony was part of International Remembrance Day, which was founded in Germany 17 years ago by parents whose son, an injecting drug user, accidentally died from an overdose. Ever since, drug user organisations, family groups and their supporters in cities across the world have held events on July 21 to honour the memory of friends and family members who had died due to drug related causes such as overdose, hepatitis C, HIV, drug related infections as a result of poverty or discrimination in our hospitals and state sanctioned executions.

Three years ago a memorial tree was planted in Kings Cross, Sydney, which is, after all, the 'symbolic' centre for many people who inject drugs from all over Australia. Sydney Council donated and planted the Hoop Pine and has provided for its ongoing care. Since then, a memorial event has been held at this location each year.

The annual remembrance ceremony aims to provide a public focus on the worthy lives of people that often remain hidden in the memories and hearts of their family members and friends. It is hoped that a public memorial might also help to start breaking down the silence around drug issues in general, and challenge the prejudice and ignorance that exists throughout our society and has left so many family members and friends to bear their grief in isolation, sometimes tinged with shame.

The life of the memorial tree has not been brilliant. One wit has suggested the tree's life so far is a metaphor for the experiences of some people who use drugs! Firstly, our tree is behind bars. It actually looks like it is in prison. Then, in the first year of its life it was almost uprooted by gale force winds and about a quarter of it split and broke off. In April this year it was completely battered by hail and lost more branches. But the tree stands and is still surviving. We all agree that this is an apt reflection of our resilience as community to continue to fight for our human rights.

The ceremony this year was held on a beautiful clear blue winter's day. A Redfern local and NUAA PeerLinker welcomed us to his country and reminded us of the disproportionate number of indigenous people who have died from alcohol and drugs. Wayne from the Australian Injecting and Illicit Drug Users League spoke about the friends he had lost to overdose. He talked about how the current drug laws and policies contributed to these deaths, commenting that they might have been prevented if drug use was not criminalised.

Emma from Family Drug Support spoke about the unbearable grief experienced by parents who outlived their children. She also remembered the poignant deaths of Andrew Chan and Myuran Sukumaran, who were executed as a result of government drug policy both here in Australia and in Indonesia.

The next speaker was Rachel, a Kings Cross local who identifies as a person who uses drugs. Rachel spoke about the discrimination she experienced as a user on a daily basis. She also spoke of her sister who died because "nobody would accept her for who she was" and she told us that we need to keep fighting to stop the war on drugs, which is really a war on people.

Alex Greenwich, the Independent member for Sydney in NSW Legislative Assembly told us that nearly four Australians die every day from overdose and that overdose death is now greater than annual road deaths. He also said that an estimated 630 people died from hepatitis C liver failure and liver cancer in 2013.

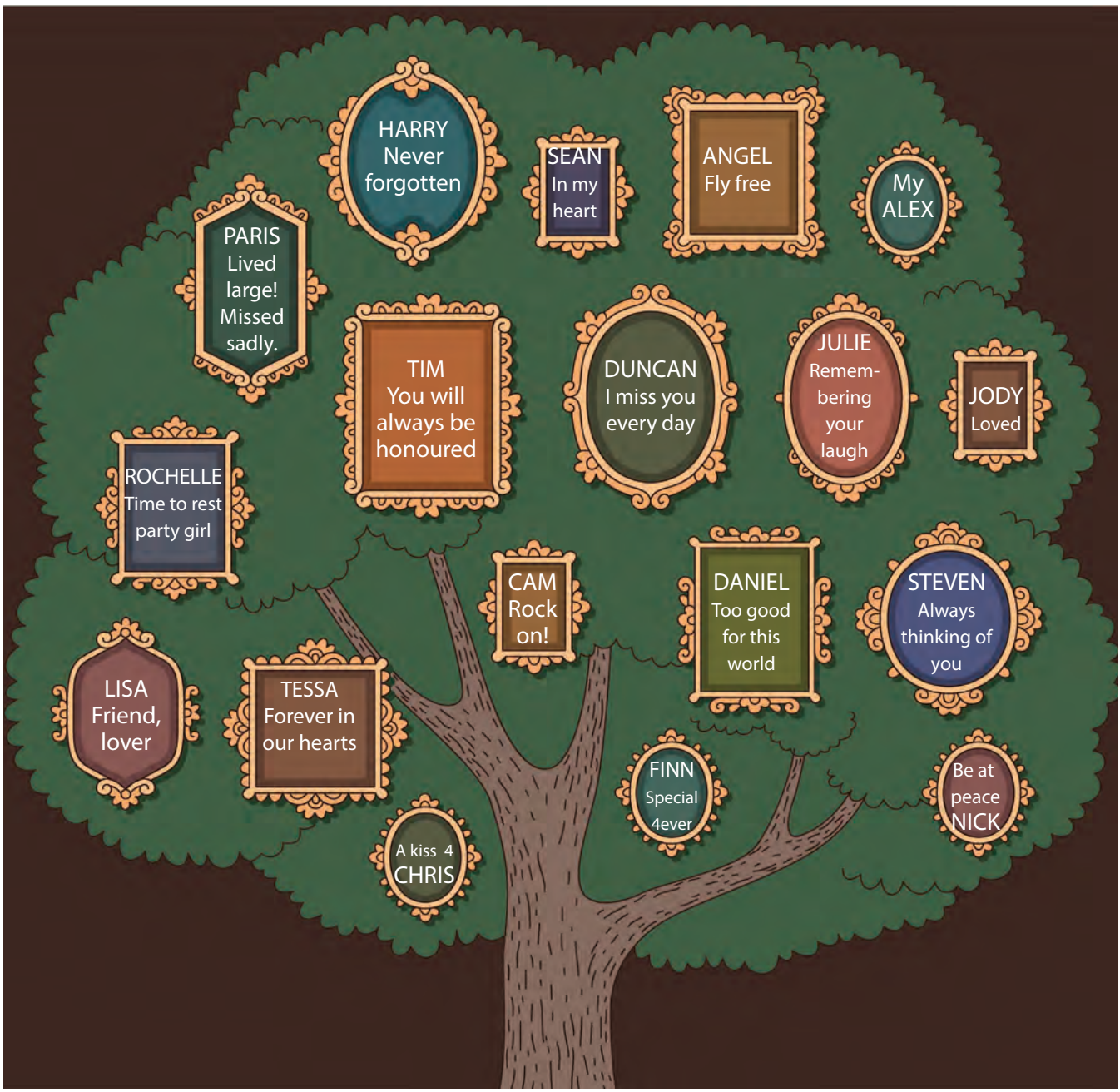
The ceremony finished with Rev Graham Long AM, CEO and pastor of Wayside Chapel saying a "prayer". He said that a "prayer" did not have to be religious and that we could all offer up our own versions of a "prayer". He said

"I do not agree that 'time heals all wounds.' In time, the mind, protecting its sanity, covers them in scar tissue and the pain lessens, but it's never GONE."

Participants were then invited to reach between the bars and lay a red rose under the tree. This flower summed up so many feelings felt by the attendees that day, just a single red rose sending a simple message: "I love you." Participants were also invited to write messages on heart shaped cards to loved ones that had died from drug related causes and attached them to the bars.

The ceremony provided an opportunity for us to remember our friends and families members whom we have lost- with dignity, love, celebration, and with honesty. Because we want to honour their lives and not deny the fact that they were, among many other things, people who used drugs.

Many thanks to Maureen, This article was written by Maureen. Many thanks to her.



SHE JUST ADORED THE GROUND I WALKED ON!

'Most loving', 'fantastic', 'really good', 'really great' — these are descriptions rarely, if ever, awarded to parents who inject drugs. Yet these are actual quotes from people who grew up with injecting drug-using parents.

When I was young I struggled to reconcile the idea of a selfish, dirty, immoral 'junky' with my experience of a loving mother who used drugs, had a job and put the needs of her children first. Injecting illicit drugs does not automatically equate to 'bad' parenting.

When I had the chance to complete an honours thesis in 2010, I used this opportunity to research the family lives of people who inject drugs and their children. I learned about the experiences of 11 other Australians (aged 19-37) who grew up with one or both parents injecting drugs. My research focused specifically on 'functional' drug use. A functional drug user, for the purposes of this research, was one who managed their drug use as just another 'unexceptional' aspect of life. They worked, lived in private accommodation and had 'normal' families.

The stories I heard provided evidence for what those in the drug using community already know – people who use drugs are capable of providing a loving and safe environment for their children. Zara and Ella describe the love of their respective mothers:

> **She loves me to pieces, I mean she still does. You know she'd do absolutely anything for me; she's always being very doting like that…' (Ella)**

> **I think my mum was the most loving parent, you know, she just adored the ground I walked on… mum told me [she loved me] like 15 times a day... I don't know anyone who is as close to their mum as I am. (Zara)**

At 19, one participant was still struggling to connect with her mother; however, generally children were not 'second to the drugs.' It was generally not the case that participants had gone without food, clothing, or shelter:

> **We never went without food or [had] no electricity or anything like that. We were always comfortable in our lives. (Ruby)**

However, at some stage, drugs were commonly seen to be a strain on family resources. Some people made the connection between parental drug use and not being able to attend school camps, the movies or the bowling alley. Kate explained how the financial strain affected her:

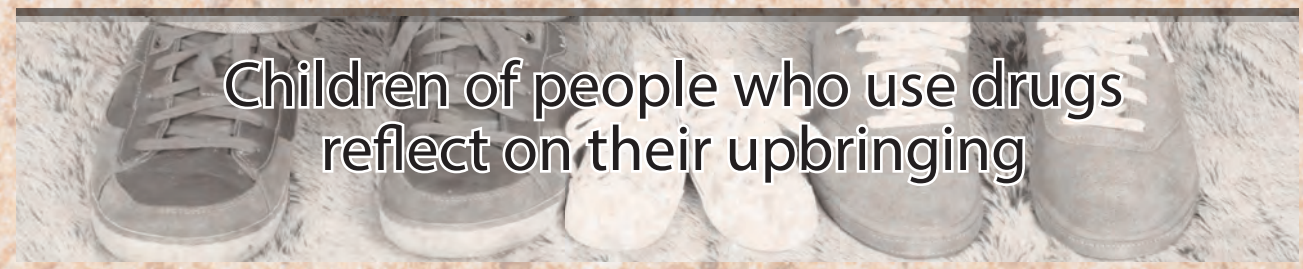
> **During the time when she was using, when school camps came up, I just didn't even bother asking 'cause I just knew that I couldn't go so I didn't bother asking – I'd always say 'oh I don't wanna go'. (Kate)**

Not only did Kate understand why her mother could not afford to pay for the camp, she also pretended she did not want to go to avoid causing further stress. On the other hand, many participants spoke of how their parents tried to make up for using drugs. Kelly goes on to explain:

> **My mum really overcompensated for being a drug user… I was a really spoilt kid. My Christmases were just ridiculous. My birthdays were ridiculous. She bought me something every week, every payday I could have whatever I wanted food wise, you know, just really overcompensated for being an IDU. (Kelly)**

Injecting drug use affects parenting styles – but not always in the way people would expect it to. One of the most powerful themes to emerge was the love shared between participants and parents.

What struck me as I heard the participants' stories, was how well many of them understood the nature and complexity of their parents' drug use and in some cases also their attempts to minimize or stop their drug use. Ella and Sam explain:



Children of people who use drugs reflect on their upbringing

[Mum] would have given me the world…or… made things different but she couldn't, didn't know how to, couldn't get away from the addiction and I think that's why she was always trying again and again to make it better, yeah. But she was good, you know, she was a mum… (Ella)

She didn't want to be who she was. She loved her kids, she'd do anything for 'em. She was just trapped in that world and she had a special soul and a special heart that me and my family could see but no-one else could see. (Sam)

Ella and Sam knew that their respective mothers loved them. They also knew that they were doing her best to be good parents while also, at times, struggling to overcome problematic drug use. In these stages of more problematic use, family friends were vital. From getting lifts to school, to having their hair done each morning, supportive adults were an integral part of some of the participants' lives.

There was a range of different parenting styles encountered when it came to drug use and talking about drug use in the family. However, everyone had known about their parent's drug use, in some way, before it was openly discussed. Sarah explains:

'I don't know how I knew what drugs were but I just did. I remember when I was little 'cause they'd go into the bedroom and close the door and I'd try to look under the door and that, always try to bust them [laughs]. I was probably like 4 or 5 then. They always did it behind closed doors so to speak. (Sarah)

Wendy was older when she realized her parents were using drugs, but she knew something was going on before then:

I don't know, it was just one of the things I knew. Not that I ever saw them doing anything. I guess I would have been about 9 when I realised what was actually going on. (Wendy)

The overarching message was that the participants wanted to be protected from situations, but not information. Most of the parents were reluctant to

The overarching message was that the participants wanted to be protected from situations, but not information. Most of the parents were reluctant to talk about their drug use when their children were young. Even when they did talk about their drug use, the act of injecting was always private – no participant saw their parents injecting drugs. However, Zara recalls going with her mother to buy drugs when she was nine years old. That is a situation that she would prefer not to have been in, though she did not want to be kept in the dark about her mother's drug use.

Even if parenting styles differed, everyone grew up in the same society. Everyone I spoke to had an understanding of the 'junky' stereotype, the discrimination that goes along with it and the consequences of the 'authorities' finding out. Witnessing discrimination against their parents was the catalyst for the participants to learn about the social status of people who inject drugs Australian. Paul, Wendy, Sarah, Sam and Kate had all seen their parents discriminated against due to their drug use. Paul and Wendy described the following specific examples:

I remember one time on the bus someone called her a junky, something that had nothing to do with drugs or anything… the girl was like 'oh you fucking junky' … [mum] started crying… When I was younger, I'd sit there and try and hide, but as I got older, [I felt] like no-one's gonna treat my family like that. (Paul)

When she had gallstones we were in the hospital and they were trying to give her some medicine behind the curtains and I could hear her going, 'try this vein, try that one, try this one.' And they wouldn't give her any pethidine, even though she was in the most pain and they say gall stones are one of the most painful things you can ever endure and they wouldn't give her any Pethidine 'cause she was a known drug user... I thought it was really unfair, I mean the woman was in pain give her some frikken pain relief. But because she was a known drug user they wouldn't give her any more than Panadeine Forte … and ou know and the woman's going through gall stones, he's not going to be faking this just to get some drugs. (Wendy)

CONTINUED FROM PAGE 41

talk about their drug use when their children were young. While others, such as Kate and Sam, didn't describe specific examples of discrimination. They were aware that people were judging their parents:

> **I just knew…. I just knew what they were thinking. I didn't see it, I just knew, if that makes sense? (Kate)**

> **We'd walk to the shops, just do the shopping whatever, and people would look at my mum and just know, 'she uses drugs' and just look down on her… me and my brother and my sister knew what was going on, how people looked down on our family and it pissed us off. (Sam)**

Amy gives another example— one which emphasises the complications that could arise in bringing friends into the family home and also highlights the consequences of people 'finding out' about her parents:

> **Sometimes there'd be like a drug needle at my house and my friends would see and I would like freak out … I remember this one girl used it to her advantage when I was in primary school, making me do all this stuff for her. She was like, 'I'll tell people' and I knew what happened to my friend, like DOCs took her away so I'd do whatever she said. I remember crying to my sister, 'cause I knew I couldn't tell my parents and I told my sister [??] she's and she was like 'don't even worry about it Amy, like don't let it stress you.' (Amy)**

Amy was deeply affected by how this young girl treated her after finding out that her parents were using drugs. She experienced discrimination due to her parents' drug use. In this story she describes how it directly influenced how she interacted with her peer – she did whatever this girl said to avoid being exposed as the child of injecting drug-using parents. Amy, who went to a school where many of the children's parents used drugs, was not so much afraid that her other peers would find out. Rather, after hearing stories of children being taken away from their parents if they were using drugs, she was afraid that she may be put into foster care. There can be little doubt that this level of stress and responsibility, which was also felt by Zara and Paul, would have a far-reaching effect on a child.

As children, everyone went to friends' houses to play, they went to school socials and they also played sports. In some cases, however, they learnt to be ashamed of their parents' drug use:

> **I remember playing footy when I was in high school… two or three people in my team knew about my dad's drug use. That whole month there was a knockout, like a tournament thing. Everyone's dad was there and mine wasn't and they were saying 'your dad would rather fuckin' shoot up drugs than fuckin' be here for you and watch footy' and that sort of hurt me a bit. (Tom)**

> **I was always a sporty kid, I played sport with 'em no matter what but I'd go to sport and I'd get picked on at sport. No matter what, every day at school I got picked on about something in my family… just smart-arse remarks, 'your mum's a junky,' 'the only thing your parents know how to do is make a bong'… So it was sorta weird having friends that picked on you about your family but they're the friends you hang out with on the weekend, it was weird … and annoying but it's the way it happened. (Sam)**

This must have been exceptionally difficult for Tom and Sam, who both loved sport but experienced

Children of people who use drugs reflect on their upbringing

discrimination because of their parents' drug use. For Tom especially, these comments had a profound effect on him, reaffirming what he was already thinking and feeling — that his dad was not like other dads and was not available to him emotionally.

That these 'friends' felt comfortable telling Tom and Sam that their parents effectively did not love or care for them and that they were incapable of making a useful contribution to society (instead only making bongs), shows how the 'junky' stereotype has taken hold of the popular imagination. Even more disturbingly they also show how the actions of their parents were seen to reflect on the children. It is hard to underestimate the damage that remarks such as these can cause a child and they put into perspective the benefits to be had from passing as normal and keeping 'home' and 'school' lives separate.

Kelly drew attention to how the social construction of drug users became a means of isolating her from her school peers:

> **I think there was times when kids weren't allowed to play with me when their parents cottoned on …I found out that my parents were my parents… I went to this friend of mine's family's house for dinner and everything was sweet until they dropped me off at home and I introduced her to my mum and dad and then next day at school I wasn't allowed to play with her. She said 'no my mum says I'm not allowed to play with you'. I was pretty pissed off, I thought I'd done something wrong. But I think I got over it. (Kelly)**

Here Sam describes how teachers sought to 'protect' other students from his 'influence', which was presumably based on perceptions of the type of child that an IDU parent was 'capable' of raising:

> **Do you think you were treated differently in school?**
>
> **[Very quickly] Yep. By the teachers yep. They just treated me different, like because I acted out 'cause of what was going on at school, they were, 'like father, like mother, like son' … that's what I thought that they thought. Yeah, teachers, a lot of teachers knew and there was even at times a teacher would speak to one of my so-called friend's parents and they'd say 'well you know Sam's parents are doing his, Sam's parents are doing that, you shouldn't have your kids hanging around he's a bad influence' and the kids at school would come and tell me what the teachers had said to their parents. So yeah, I hated … I was very pissed off with teachers 'cause of things like that. That's one of the reasons why I moved to Sydney 'cause I hated, despised teachers. (Sam)**

Growing up in Australia with a parent who injects drugs can profoundly affect you. You are not just a child, you are the child of a 'junky'. You inherit the stigma and discrimination awarded to people who inject drugs before you take your first steps. The assumption that people who inject drugs are not good parents denies the children of people who use drugs the space to tell their stories. Our stories are important. After all, the children of people who inject drugs are best placed to comment on how injecting drug use can affect parenting and families.

Article by Imogen Law. Many thanks to her. Thanks also to Whack magazine from Harm Reduction Victoria for allowing reprint. Check out their awesome Family and Drug Use edition at http://hrvic.org.au/docs/Whack/Back_Issues/Whack33/

HAPPY HEALTHY YUMMY

THIS EDITION WE FEATURE GREAT FOOD FOR YOUR KIDS THAT YOU CAN EAT TOO!

Growing happy healthy little humans is a big, and at times tough job – and sometimes feeding them is even harder! But good nutrition can set your kids up for life, giving them the nutrients they need to them grow, develop strong bones and muscles and perform well at school.

Nutrition Basics

Your child will need different amounts of food depending on their growth rate, physical activity and body size, but the key of including a variety of foods from the five food groups each day applies across all ages. Base your child's diet on a variety of vegetables, and breads, cereals and grains. Include a moderate amount of meat, chicken, fish and protein alternatives, fruit, and dairy, and keep 'occasional' foods such as chips, ice-cream, chocolates, soft drinks and biscuits for special occasions.

Not too big, not too little, but just right

Consider the portion sizes of meals that you give to your children, and make sure there is a balance of carbohydrates, protein and vegetables on the plate. Food that should be eaten often does not necessarily mean that they should be eaten in excess. His or her level of hunger will often determine how much they need; teach your kids to listen to their bodies, to stop when they're full and that it's OK to leave food on the plate.

Plan meals and snacks

Kids usually need snacks between meals to keep them fuelled and happy; however it's best to avoid constant grazing, or using food as a distraction, entertainment or a reward.

It's important that children learn that hunger is a normal feeling which signals that it's time to eat. Aim to set up meal times and snack times, with food to be eaten in one sitting, served at the table without other distractions.

Monkey see, monkey do

Children learn by example, so it's important that they see their parents and siblings eating and enjoying nutritious foods. Where possible, try to serve your children the same food as you're eating at family meal times. Be careful of how you critique your own and others' bodies around your kids – ensuring that children have healthy diets is not just about what is eaten, but also our attitudes to food and body image.

Fruit juice = Whole fruit?

Whole fruit have essential vitamins and minerals that promote well-being and contain fibre required for gut health. Many commercial fruit juices have fibre removed and sugar added. Encourage your children to eat fruit whole – chopping it up usually increases the chances of it being eaten! If they're really picky, try blending fruit (skins on!) into smoothies or freezing them for a cold treat.

Fish burgers

Serves 4

- 4 x 100g frozen white fish fillets
- 4 long bread rolls, split
- 1/3 cup low-fat mayonnaise
- 8 lettuce leaves
- 2 small Lebanese cucumbers, sliced lengthways
- 1 tomato, sliced
- 1 small avocado, sliced

1. Cook fish fillets according to packet instructions.
2. Toast bread rolls under a grill, then lightly spread with mayonnaise.
3. Top bread rolls with lettuce, tomato, avocado and fish.

Note: If using fresh fish instead of frozen, spray a non-stick frying pan with oil and place over medium-high heat. Fry fish for 3-4 minutes each side, or until cooked through

Vegetarian Bolognaise
Serves 2 adults and 3 kids

- 800g can no-added-salt chopped tomatoes
- 1 red onion, finely diced,
- 4 mushrooms, diced
- 1 cup broccoli florets
- ½ red capsicum, de-seeded, diced
- 400g can chickpeas, rinsed
- 2 tablespoons sun-dried tomatoes, sliced
- 1 teaspoon minced garlic
- 1 tablespoon sugar
- 2 tablespoons finely chopped herbs
- 1 bay leaf
- 4 cups cooked pasta

1. Place a large saucepan over medium heat. Add all of the ingredients, except pasta. Bring to the boil, then lower heat and simmer for 30-40 minutes, or until all vegetables are tender.
2. Remove from heat and discard bay leaf. Use a stick blender to blend sauce until the texture suits your family, or pulse in a regular blender or food processor – smaller chunks will make it look more like regular bolognaise. Season with black pepper and serve over pasta.

Fruity jelly cups
Serves 8

- 2 x 85 g packets jelly (two colours/flavours)
- 2 oranges, peeled, segmented
- 1/2 cup seedless grapes
- 1/2 cup strawberries

1. Make one colour of jelly according to packet directions. Half-fill 8 clear plastic cups with jelly.
2. Take half of the fruit pieces and place in the unset jelly. Refrigerate for two hours or until set.
3. Make up the other colour of jelly according to packet directions. Pour into jelly cups on top of the first colour jelly then add the remaining fruit pieces. Refrigerate until set.

Note: You can add (almost) any fruit you like here! Try apple, pear, peaches, passion fruit… The list goes on! Some fruits however such as pawpaw, pineapple, figs and kiwifruit contain enzymes that prevent gelatine setting. These fruits need to be cooked before they can be added to jelly.

Vietnamese Tofu Chicken Rice Paper Rolls
Serves 4

Get your kids involved in filling and wrapping the rice paper rolls to help them discover new vegetables and tastes.

- 1 lime, juiced
- 1 tablespoon fish sauce
- 1 cup firm tofu, sliced into thin strips
- 12 x 22cm rice paper rounds (see note)
- 12 large mint leaves
- 1 cup shredded barbecue chicken
- 1/8 Chinese cabbage (wombok), finely shredded
- 1/2 cup beansprouts, trimmed
- 1 small red capsicum, deseeded, thinly sliced
- Sweet chilli sauce, to serve

1. Combine tofu, lime juice and fish sauce in a large bowl. Cover and marinate in the fridge for at least an hour, then drain.
2. Place 1 rice paper round in a large bowl of lukewarm water for 15 seconds or until just soft. Place flat on a plate.
3. Place a large mint leaf in the centre of the rice paper round, then top with a small amount of tofu, chicken and vegetables– be careful not to over-fill! Fold ends in and roll up firmly to enclose filling.
4. Repeat steps 2-3 with remaining rice paper rounds and filling. Serve with sweet chilli sauce.

Note: You can use any vegetables kicking around in the crisper, as long as they're finely sliced or grated. Rice paper rounds can be found in the Asian section of most large supermarkets. Once open store in an airtight container.

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SHOOT CLEAN!

NSP Location	Daytime N °	NSP Location	Daytime N °
Albury	(02) 6058 1800	Narellan	(02) 4640 3500
Armidale/Inverell	0427 851 011	Narooma	(02) 4476 2344
Auburn Community Health	(02) 8759 4000	Newcastle/Hunter	(02) 4016 4519
Bankstown	(02) 9780 2777	New England North	(02) 6686 8977
Ballina	(02) 6620 6105	Regional Area (referral se rvice)	0427 851 011
Bathurst	(02) 6330 5850	Nimbin	(02) 6689 1500
Bega	(02) 6492 9620	Nowra	(02) 4421 3111
Blacktown	(02) 9831 4037	Orange	(02) 6392 8600
Bowral	ADM at back of Hospital on Ascot Road	Parramatta	(02) 9687 5326
Byron Bay	(02) 6639 6635	Penrith/St Ma rys	(02) 4734 3996
Camden	(02) 4634 3000	Port Kembla	(02) 4275 1529
Campbelltown (MMU)	(02) 4634 3000	Port Macquarie	0417 062 265
Canterbury (REPIDU)	(02) 9718 2636	Queanbeyan	(02) 6298 9233
Caringbah	(02) 9522 1046	Redfern Harm Minimisation Unit	(02) 9395 0400
Coffs Harbour		Rosemeadow	(02) 4633 4100
Cooma	(02) 6455 3201	St George	(02) 9113 2943
Dubbo	(02) 6885 8999	St Leonards (Royal North Shore)	(02) 9462 9040
Goulburn S.East	(02) 4827 3913	Surry Hills (Albion St Centre)	(02) 9332 9600
Grafton	0417 062 265	Surry Hills (ACON)	(02) 9206 2052
Gosford Hospital	(02) 4320 2753	Surry Hills (NUAA)	(02) 8354 7300
Hornsby Hospital	(02) 9477 9530	Sydney (Sydney Hospital Sex Health Centre, CBD)	(02) 9382 7440
Ingleburn	(02) 8788 4200	Tahmoor (Wollondilly)	(02) 4683 6000
Katoomba/Blue Mountains	(02) 4782 2133	Tamworth	0427 851 011
Kempsey	(02) 6562 6022	Taree	(02) 6592 9315
Kings Cross (KRC)	(02) 9360 2766	Tumut	(02) 6947 0904
Kings Cross (Clinic 180)	(02) 9357 1299	Tweed Heads	(07) 5506 7556
Lismore	(02) 6622 2222	Wagga	(02) 6938 6411
Lismore – Shades	(02) 6620 2980	Windsor	(02) 4560 5714
Liverpool	(02) 9616 4807	Woy Woy Hospital	(02) 4344 8472
Manly	(02) 9977 2666	Wyong Hospital	(02) 4394 8298
Merrylands	(02) 9682 9801	Yass	(02) 6226 3833
Moree	0427 851 011	Young	(02) 6382 8888
Moruya	(02) 4474 1561	Redfern Harm Minimisation Program:	(02) 9395 0400
Mt Druitt	(02) 9881 1334		
Murwillimbah/ Tweed Valley	(02) 6670 9400		
Marrickville Harm Minimisation Program	(02) 9562 0434		
Canterbury Harm Minimisation Program	(02) 9562 0434		

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.

WHO CAN HELP?

The Alcohol & Drug Informatiom Line On 02 9361 8000 or 1800 422 599

Call trained and skilled counsellors, support or to get advice from a harm reduction perspective

ADIS has an up-to-date and extensive database that includes over 2200 drug related services, including providers of needles and syringes, treatment services, face to face counselling and specialty services· Call anytime - it's a 24 hours a day / 7 days a week / 365 days a year service

THE OPIOID TREATMENT LINE (OTL) 1800 642 428

They can provide information about pharmocotherapy clinics, chemists and prescribers· Call during business hours or via ADIS'S number

AIVL'S ONLINE NSP DIRECTORY & LEGAL GUIDE

www.nspandlegal.aivl.org.au

Provided by NUAA's national peak drug user organisation, AIVL, this is a list of needle and syringe programs (NSP's) including contacts, addresses (with a link to a Google map), opening hours and types of equipment supplied. It's device friendly! You'll also find a state and territory reference of NSP and drug related laws with info on possession of equipment and disposal, rights during police questioning, illicit drugs and sex work.

NUAA on 8534 7300

Call for safer using information during business hours (after 2pm on Tuesday). Visit our website with loads of resources @ nuaa·org·au or Check out Users News online Edition @ usersnews.com.au

WE RELY ON A STRONG AND ACTIVE MEMBERSHIP. IF YOU WANT TO JOIN NUAA, CALL US TO FIND OUT HOW. IT'S FREE & CONFIDENTIAL!

The New South Wales Users & AIDS Association (NUAA) is an independent, user-driven, community-based organisation.

NUAA aims to promote the development of legislation and policies to improve drug users' social and economic well-being.

NUAA AIMS TO ADVANCE THE HEALTH, RIGHTS AND DIGNITY OF PEOPLE WHO USE DRUGS ILLICITLY.

CALL US!

PH 02 8354 7300

NSP 02 8354 7343

1800 644 413
NSW toll free

OUR OFFICE IS AT:
LEVEL 5
414 ELLIZABETH ST
SURRY HILLS 2011

great projects, great staff

NUAA aims to improve the quality and standards of services available to drug users.

PO BOX 350
STRAWBERRY HILLS
NSW 2011

SEND US A STORY, YOUR OPINION OR A QUESTION FOR USER'S NEWS...

OUR NSP IS AT 345
CROWN ST SURRY HILLS

NUAA aims to provide information, education, and support for people who use drugs.

We receive funding from NSW Health to progress our work.

NUAA
NSW USERS AND AIDS ASSOCIATION

www.nuaa.org.au

Visit our web site for great info, vids, news, events, etc.

Email us at nuaa@nuaa.org.au

NUAA KNOWS HOW

WOULD YOU LIKE TO RECEIVE USER'S NEWS? Call us to register as a reader or as an organisation distributor and get the summer and winter editions posted to you. Members of NUAA get four editions a year. Or log onto the UN website WWW.USERSNEWS.COM.AU and enjoy UN all year round, with BONUS BACK ISSUES & ARTICLES available.