



handy hints

Information handbook

FOREWORD/DETAILS:

HANDY HINTS is produced by the Australian Injecting and Illicit Drug Users League (AIVL) and coordinated through the AIVL Hepatitis C Education Program.

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NOT FOR GENERAL DISTRIBUTION

This guide does not condone the use of illicit drugs: rather, it seeks to provide accurate information that will help drug users reduce risks and make safer choices. Nothing in this guide should be taken as recommending drug use.

The information provided has been assembled in consultation with drug user groups in each State and Territory and medical and legal experts.

AIVL accepts no responsibility for the acts of individuals, whether or not they are purporting to rely on this guide.

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Handy Hints was first published in August 1990 in response to HIV/AIDS. It was designed to educate and inform users of how HIV was transmitted and how to protect themselves. It was revised and updated in 1992 and 2001, it was an extremely popular resource and users came to know it as “the bible”.

By 2001 we had gained so much more information on a variety of issues that affected injecting drug users, in particular hepatitis C (HCV). So Handy Hints was revised and updated to include information on how to avoid transmitting or becoming infected with HCV.

The 2010 edition of Handy Hints has again been expanded. Its emphasis is as always on, preventing the transmission of blood borne viruses; all of them, HIV, Hepatitis A,B,C and D. It provides information on how to avoid some of the other health complications that arise from inappropriate injecting practices, problems such as abscesses and vein collapse.

Handy Hints provides users with an easy reference guide on issues that affect them. It is divided into two sections. Part one (containing Chapters 1-7) provides detailed information on using and related subjects. Part two “ The Law and You provides a brief summary of legislation that may impact on you and your friends. (Part three The Directory provides contacts for your local peer based drug user organisation and other relevant services. .

Handy Hints is about looking after yourself, your friends and your community. It is about making sure you are prepared for situations that arise and know how to deal with emergencies.

Handy Hints is produced by the Australian Injecting and Illicit Drug Users League (AIVL) in consultation with our member groups in the States and Territories. We have also had an enormous amount of assistance and support from many other individuals and organisations who are individually thanked in our acknowledgements.

AIVL is the peak national organisation representing the State and Territory drug user groups and issues that affect drug users at a national and international level. AIVL is a peer based group which means it is run by and for people who have or are using illicit drugs. AIVL works to promote the health and human rights of its members.

Safer using guides

This chapter talks about how to go about preparing for an injection, injecting and cleaning up afterwards. We know that people go about injecting in many circumstances. Each person's situation will present its own challenges for safety and hygiene. We don't have the space to go into all of them here, but we hope to give you a guide that you can use and adapt to your own situation.

But first, let's take a look at where some of the problems around injecting come from, particularly in terms of sources of infection from germs and viruses.

Possible sources of infection

Though we can't see them with the naked eye, bacteria (germs) and viruses are a natural part of life. For the most part, our skin forms a secure barrier that stops them from getting through and causing harm.

But when we inject, we're breaking the skin's barrier. Whatever is in and on the needles is directly injected into our bodies and the natural barrier of the skin remains broken until the small wound we leave behind heals.

The germs and viruses that can get past the skin's barrier through injecting come from four main sources: the skin's surface, the air, contaminants in the drugs and when we share equipment, other people's blood.

Skin

Everyone has bacteria (germs) on their skin. Some of it is meant to be on our skin, some of it we pick up from our surroundings. Exposed areas like the face and fingers are particularly vulnerable. That's why washing hands and cleaning the injection site are really important steps to help prevent bacteria going from the skin to in the blood stream.

TIP: Anyone with an infected sore on the skin (a wound, an abscess, cellulitis, even an infected pimple) must be extremely careful and hygienic when injecting. The bacteria in or on the infection can easily

get on fingers (especially if you 'pick' and 'squeeze') and find its way to the injection site, particularly if you have to 'feel' for a vein. It's also wise to avoid injecting near the infection and of course, injecting into an area that is infected.

Air

There's all kinds of stuff floating around in the air e.g. dust, ash from cigarettes, droplets from sneezes. Activities like making a bed can send bacteria and dried skin, as well as lint, flying through the air. This can find its way onto injecting equipment like spoons, filters and water containers.

That's why it's important to not leave injecting equipment lying around and exposed to the air for any length of time or clean it if it has been sitting around. Better still, where possible, use new equipment every time you inject.

Blood

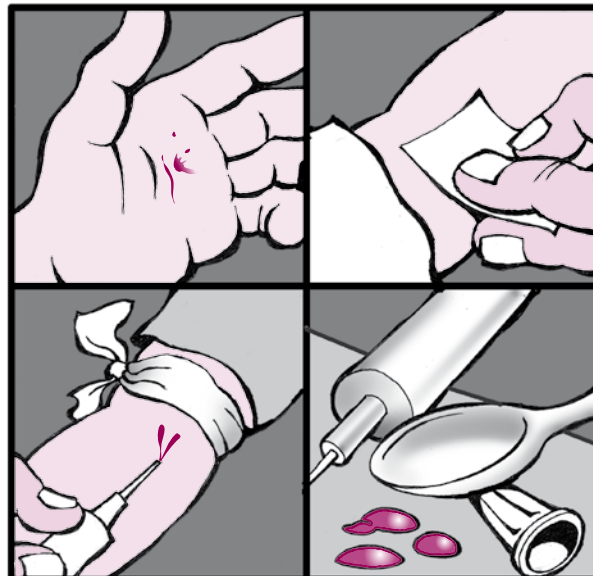
As well as transporting oxygen and nutrients to the cells of the body the blood can also carry germs and viruses including Hep C, Hep B and Human Immunodeficiency Virus (HIV). That's why we don't want someone else's blood contaminating ours and why it's really important to wash your hands before and after each hit - to get rid of any little bits of blood that you or someone else could pick up.

Contaminants/cutting agents

Contaminants are any substances that are in with the dope that but isn't the active drug. Sometimes you find cigarette ash, dog hair etc. The most common contaminant is the products that are used to bulk out/cut your drugs. Usually drugs are cut with products that are less expensive than the drug itself. There have always been urban myths about drugs being cut with all types of lethal agents. But it doesn't make good economic sense to kill your market. Of course accidents happen so it's best to buy your drugs from someone you know and preferably after someone else has used some. Dope is usually cut with lactose or mannitol - dealers try to ensure the cutting agent mimics the properties of the drug i.e. is soluble or has a similar melting point.

Being blood aware

We're not just talking about blood and potential blood spills. We're talking about tiny little amounts of blood, so small that you might not be able to see them but can carry Hep C or HIV (blood can get on fingers, spoons, glasses, filters, swabs, tournies, clothing, or tables).



The risk of transferring blood between people is very high when people inject together or share equipment.

So, be blood aware, wash your hands and don't share equipment!

Hygiene - washing & cleanliness

When we inject ourselves (or others) we're putting things directly into the bloodstream. Not only the gear that's inside the fit, but also germs that could be on the needle or on the skin near the injection site.

Injecting always leaves a puncture site that, depending on our general state of health and hygiene, can become infected. That's why general cleanliness is very important in all aspects of injecting.

Ideally, injecting would take place in a clinical, sterile environment. However, we don't live (or inject) in such environments, but there are things we can do to make each injection potentially cleaner and more hygienic. One of the easiest ways is to use soap and water.

It is really worth the few extra seconds it might take to wash hands and fingers BEFORE and AFTER injecting yourself or someone else.

The most effective way to wash your hands is:

1. Remove all jewellery
2. Wash your hands and the injecting site with warm running water and soap for at least 10-15 seconds (longer if obviously dirty).
Give careful attention to fingertips, nails, between the fingers and hand creases
3. Dry hands with a paper towel or shake dry

If you can't do all this, rather than do nothing at all, wash with just water or use a new alcohol swab to clean the finger tips and the injection site. The swab won't make the injection site sterile, but it will clean some of the dirt away, if it's wiped across the site once in one direction.

Because of the various routines people use when injecting, it would be really hard to list ALL of the ways that we might put ourselves at risk. Just think about how blood and germs can get into your blood while injecting and work out ways to prevent that from happening. The next few pages will look more closely at how this might happen at various stages of the process.

Preparation

Choose a safe place to inject: one that is private, clean, well lit and has running water.

Make sure the surface you are going to mix up on is clean. You can use soapy water to wipe down the surface.

Have everything within reach. New sterile syringes, new sterile water (or cooled boiled water in a clean glass), new swabs, a new filter, clean spoon and a clean tourniquet.

Wash your hands and arms or swab if necessary as described in the handwashing section above.

Mixing up

When mixing up powders, most people mix up in a spoon. Some people now mix up in baggies. In both cases, water needs to be added. Some water is better to use than others (see below).

Although rarely found in Australia, certain kinds of gear will need to be 'acidified' before they will dissolve (see below).

Which water is best to use?

The best water to inject with comes from a newly opened ampoule of sterile water for injection. Once it's been opened, unused water from an ampoule should be thrown away, because bacteria from the air can get in and start to grow there.

If you can't get sterile water, use the options below in this order of preference:

1. boiled water that has been allowed to cool to room temperature
2. tap water
3. still bottled water (not sparkling)

TIP: If you haven't got a clean water container, use the syringe packet. Peel it open, remove the fit and fill the empty packet with water.

TIP: It's best to keep drugs in powdered form, not mixed up. Leaving a spoon with mixed-up gear sitting near a heater or in the sun gives bacteria a chance to rapidly multiply. If a mix needs to be saved, put it in a syringe, pushing the liquid right up to the top so there is no air space and put it in a closed container in the fridge. It's best not to leave a syringe in the fridge for more than twelve hours.

Containers for water. If you're not using water from an ampoule, you'll need something to hold the water. Make sure it's a clean container.

Where more than one person is involved, it's best that each person has their own container of water.

When you rinse and/or get rid of a fit after use, get rid of the rinsing water as well.

Mixing up in spoons

Make sure your spoon is clean. If you're re-using a spoon, give it a good wash with detergent and water. When it dries, wipe it once in one direction with a fresh, sterile alcohol swab (don't blow on the spoon. It might put germs like staph, which causes endocarditis an infection of the heart, into your mix). Always use a stainless steel spoon rather than a silver spoon. The tarnish on silver spoons produces silver oxide, which can result in a dirty hit.

Put the gear in the spoon. If you are unsure about the quality of the drug or your tolerance, use a small amount for starters.



Use your clean/sterile fit to draw up water from a new ampoule of sterile water (or cooled, boiled water in a clean glass).

Add the water to the spoon and mix. We find that the plunger end of the syringe (swabbed clean with a new swab) makes a good 'mixer'. Don't take the plunger out to use the rubber stopper. This will let bacteria from the air into the barrel of the fit.

If you have to use acidifiers . . .

Some drugs (e.g. brown heroin) need to have an acid added to them to make them dissolve.

Australian needle & syringe programs do not generally supply the kind of acids used to dissolve drugs. From what we know from users overseas, the best acid to use is citric acid and it's often available through chemists and supermarket bakery sections.

Injecting citric acid into the veins can cause damage, so it's important to use as little citric acid as possible.

For many reasons, vinegar, lemon juice and ascorbic acid should all be avoided. Lemon juice, especially, can have a fungus in it which can grow inside the small blood vessels of your eye and heart.

Mixing up in baggies

These days most of the gear we buy comes in little baggies and people are mixing up in them. There are a couple of things to think about:

1. Make sure the bag has no holes in it
2. Use a bag where the ziplock seals tightly
3. Seal the bag - this will prevent loss while mixing

If you've got rocks, crystals, etc., (methamphetamine/ice/speed), crush the gear in the bag (powders should dissolve easily in water). You can do this by gently twisting the bag between finger and thumb, you don't want the bag to split. Then lay the bag flat, cover it with a swab packet and roll a lighter back and forth. (If the bag does split, the holes should be near the top end and won't leak when you add the water).

Turn the bag up the other way (the sealed lock at the top) add water and shake the bag gently until the mixture dissolves.

If you're still worried about losing the mix through holes, try double-bagging, i.e. put the original bag in a second bag.



Filtering

Sometimes your mix can contain small particles that won't dissolve. When the mix is cloudy or full of stuff you can see, it's pretty obvious, but we can't always see the smaller particles. And of course, there's always the danger of germs, which we can see only with a powerful microscope.

Injecting little undissolved particles can begin or speed up the collapse of veins. Injecting bacteria can cause any number of other problems like dirty hits, phlebitis, abscesses, blocked blood vessels, thrombosis,

ulcers, gangrene and endocarditis.

Particles come in all shapes and sizes and when it comes to particles, how big they are and how many there are in the mix, does matter.

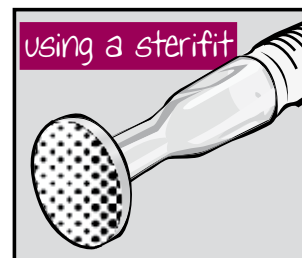
Cotton wool will filter out larger particles. But smaller particles, perhaps bigger than some of the blood vessels that they may become lodged in can cause problems.

There are now several kinds of filters especially designed for injecting. Each has the capability of removing particles (and/or bacteria) above a certain size.

No filter can remove viruses such as Hep C, Hep B and HIV.

Unfortunately, wheel filters are expensive and only a handful of needle & syringe programs carry them.

However, some Australian needle & exchange programs may have available a new single-use filter that fits over the tip of both Terumo and B&D syringes. Fitted with a polypropylene (plastic) membrane that



filters out particles much more effectively than makeshift filters such as cotton wool or cigarette filters.

For information on how to use a wheel filter or Unifilter, contact your State, Territory, or local user group. (See the Directory at the back of this handbook).

If you don't have access to wheel filters, we suggest trying to get hold of the Unifilter. If you can't get hold of Unifilters, at least use cotton wool.

Sterile cotton wool (available from needle & syringe programs) is considered best. Cotton wool may stop only the larger particles from going into the fit, but if you're mixing in a spoon, it will help prevent the pick from being blunted on the spoon and if you're drawing up from a baggie, protect the pick from piercing the bag. Use a clean thumb and index finger to roll a small piece of cotton wool into a small dense ball that can sit in the corner of the baggie.

If you don't have sterile cotton wool, a tampon or cotton bud works ok. Avoid using filters from tailor-made cigarettes: they can contain harmful chemicals and small fibres, which can damage the veins and heart. The filters used for rollies are safer.

TIP: Avoid re-using filters of any kind. They're the perfect place for bacteria to grow. Don't keep bunches of filters to wash out for the 'rainy day' fix. The chances of bacteria growing there are very high.

TIP: Avoid biting a bit of filter off with the teeth, or tearing off a piece of filter with dirty fingers. The mouth is full of germs and bacteria that we don't need to get directly into our blood. Fingers, especially if not washed, can have traces of germs and bacteria on them.

TIP: Where possible, use clean scissors to cut off a piece of cotton wool.

Drawing up

If you're using cotton wool to filter, add the filter to the spoon or baggie. Draw up the solution through the filter. Be careful not to barb the end of your needle by catching it on the spoon.

If you're drawing up from a baggie, drawing up through a cotton wool filter will protect the bag against the needle's pick.

Remove air bubbles by pointing the syringe skyward and flicking it on the side. Push the plunger up slowly until the air bubbles escape through the eye of the needle.

Loading group tastes

No matter how well it has been cleaned, never let your used equipment or anyone else's used equipment come into contact with a group mix. Unless fits which have just been removed from a sterile wrapper are used to mix and divide up, each member of the group should have their own water, spoon, filter, swabs, as well as their own fit.

Every fit that draws up from a spoon or baggie must be a new, clean fit. One person's unclean fit will cause problems for everyone. Whoever draws up after them could become infected with a blood-borne virus or some other infection. Even a well-cleaned used fit can transmit viruses such as Hep C just by being dipped into a mix.

Never use a fit to share a taste by injecting half and then passing the fit on to the next person to inject the other half. This is a sure way to pass on any virus or germs that are present.

Backloading/Front loading

These are names given to the practice of splitting mixed doses between two or more people. Front loading is when the needle is removed and the drug is squirted into the barrel. Backloading is when the plunger is removed and the drug squirted in. Obviously unless the syringe is sterile this is a potentially dangerous way to split doses.

Injecting

The circulatory system exists to facilitate the flow of blood to all tissues in the body.

The transfer of oxygen and nutrients between the cells and the blood takes place through microscopic vessels called capillaries.

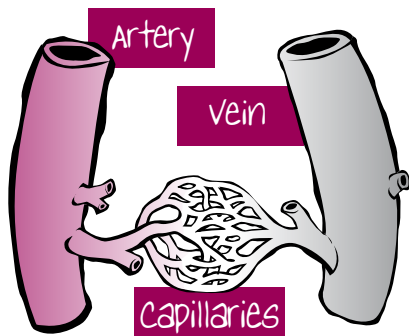
The heart is the pump that drives this flow of blood to the capillaries in the body tissues, to facilitate oxygen transfer and then back to the lungs to be re-oxygenated.



Tilt the bag and draw up through the cotton wool

Understanding how blood moves around the body

The body has three ways of moving blood around inside us:



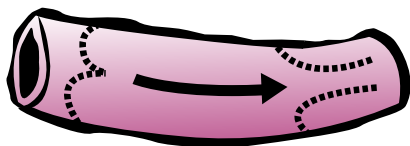
arteries, carry oxygenated blood and nutrients, at high pressure, from the heart and lungs to all parts of the body branching out and getting smaller the further away from the heart they are.

veins, take deoxygenated blood and waste products back to the heart and lungs at low pressure and joining them together and assisting in the transfer of materials between cells and the blood are millions of tiny blood vessels called capillaries.

About veins

Veins take deoxygenated blood back to the heart at low pressure. The movement of muscles squeezes the veins and helps move the blood along.

To stop the blood from moving both ways, veins have small valves that flap shut, stopping the blood from flowing backwards.



Always inject in the direction of the flow of blood, that is, toward the heart. Going against the natural flow can damage these valves, causing swelling and clotting.

How to tell an artery from a vein

Arteries carry oxygenated blood away from the heart, with larger arteries being able to be felt as a 'pulse' in the wrist, the inside crook of the arm, the neck and the groin.

If you hit a big artery, it will probably hurt when you try to inject. The blood will most likely force back the plunger and/or look bright red and frothy when you draw back. When you take the needle out, it may bleed a lot and a bruise may form under the skin.

If you are digging around for a deep vein in your arm or leg and instead find a small artery, it might be too small to force the plunger back. But injecting there can still cut off the blood to the area that the artery supplies.

What happens when an injection goes into an artery?

Because the blood in arteries is under high pressure, an injection into an artery can break the wall of the artery and it may be harder to stop the bleeding. If an artery gets too damaged or blocked, the parts of the body that it supplies oxygen to will die, because there is no other way for the oxygenated blood to get there. Dead body tissue will quickly turn black and develop gangrene, which spreads until it is removed by surgery. People have lost fingers, toes and even legs this way.

What to do if you hit an artery?

Withdraw the needle.

Apply firm pressure for at least 5 minutes.

Lie down and if possible keep the area where you injected higher than your torso.

Even if you stop the bleeding, get a medical review as soon as possible or the next day.

If the artery will not stop bleeding call an ambulance.

Veins & vein care

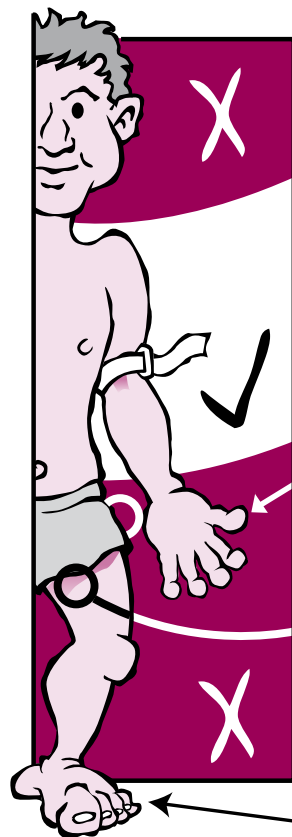
A number of substances, when injected, can cause damage to veins. The main ones are:

- Tempazepam (e.g., Normison™) irritates the lining of the vein and causes swelling
- Cocaine. Because it's a local painkiller, we can't feel any pain, the first warning sign if we've injected badly
- Pills (e.g., MS Contin™, oxies, bupe) often contain substances that irritate the lining of the valves. You can get rid of many of these things by filtering the hit
- Crystal/ice is a toxic chemical that can burn and eat away at veins. It also tends to shrink veins, making them harder to find, which in turn can lead to misses, vein damage and abscesses
- Methadone due to its thick consistency, the additives and the fact its not sterile means that methadone is not a good substance to inject
- Powdered drugs of any kind (speed/heroin) can have all kinds of impurities. It's rare to come across something pure so it's very important to filter prior to drawing up. What doesn't mix up, should not be injected. Leave the sludge in the spoon or the bag: it's got no drugs in it
- Base is methamphetamine that hasn't made it to crystal form, so a range of impurities can be present in the drug. To protect your veins, filter the mix to reduce the presence of impurities

If your veins are becoming a problem, perhaps it's time to consider taking your drugs another way, by snorting, smoking, swallowing or shafting.

Which vein?

None of us have exactly the same network of veins. Their size and position varies from person to person. Men tend to have slightly larger veins than women and their veins may stand out more.



The least dangerous place to inject is the outside or middle part of the crook of the arm. If you cannot use the above area, we suggest using veins in the lower inner arm. The main problems with using these veins is that if the veins on the lower inside arm get blocked, the hands will swell with backed-up blood.

If you can't use these sites, we suggest trying the outer forearm. The veins here tend to be smaller and deeper and trying to inject into them risks hitting small arteries, bone, or nerve.

Avoid injecting in to the hands

Injecting into small veins, such as in the hands, risks splitting the vein or damaging it by trying to force too much liquid into it.

Stay away from the femoral nerve and artery

The veins in the hands are small, sensitive and easily damaged through injecting. Blocking these veins stops blood circulating: the hands become swollen, blue and cold. If you are injecting into the veins in the hands, make sure you take off all your rings in case your hand swells up quickly.

Avoid injecting in to the feet

The veins in the feet and ankles are even more delicate than those of the hands. Because they're fragile and blood flows slowly,

injections into the feet are more likely to miss and the fluid escapes around the pick into the tissue around the vein. Injecting slowly will reduce this risk. Be especially careful to clean your feet with soapy water, as they gather plenty of bacteria, whether in shoes or out of them. Raising your foot after the shot may help with the swelling that follows.

The groin and the backs of the legs are high-risk injecting sites.

The neck, breast and penis are very high risk injection sites. If you're thinking of injecting there, we strongly suggest you contact your State/Territory local user group.

Finding veins

If you are having trouble finding a vein, take a deep breath before trying again. Your veins will be easier to find if you are warm and calm.

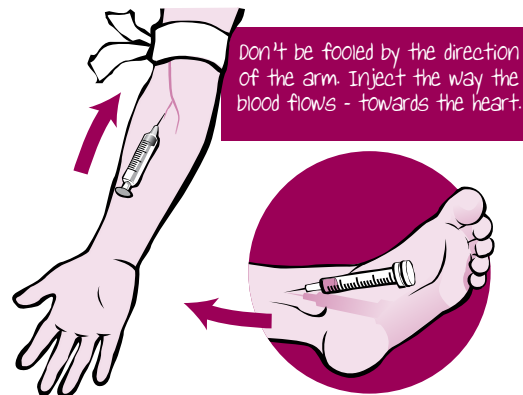
There are ways to make veins bigger by increasing the flow of blood:

- warming the vein by putting on a jumper, taking a shower, sitting the arm in warm water, placing a warm cloth over the vein
- getting active (flexing muscles)
- gripping the area above the vein
- using a tourniquet, e.g. on your upper arm if you're looking to inject just below the elbow

Injecting into veins

1. Wash your hands and the injecting site with warm soapy water and rinse thoroughly.
2. Wipe the injection site once with a swab. This will mildly disinfect the area and lessen the risk of bacterial infection and abscesses. Rubbing a swab back and forward over the site just puts whatever gets on the swab back in the same place.
3. Place the tourniquet around your upper arm or above the injection site. Don't leave it on too long. If you have trouble finding a vein, release the tourniquet and try again. Running warm water over the injection site will help to raise a vein.
4. Try not to touch anything that hasn't been cleaned until you have finished injecting.

5. Make sure the needle is going into the vein with the hole facing upwards and in the direction of the blood flow, towards the heart.



Don't get fooled by the direction of the arm. Put the pick into the arm and/or foot facing in the direction that venus blood flows - towards the heart.

6. Put the needle into your arm at a 45-degree angle, with the hole facing up. Blood will sometimes appear in the top of the syringe barrel when the needle is inserted into the vein.
7. Pull back (jack back) the plunger and blood should appear. If there is still no blood visible in the fit, remove the tourniquet, then the needle from your arm and apply pressure (using a clean cotton ball, a tissue or toilet paper) to stop any bleeding, take a deep breath and start again.
8. When you are sure the needle is in the vein, loosen the tourniquet and slowly depress the plunger of the syringe. If plunger won't press down or you feel pain, you may have missed the vein and will need to start again.

9. Try to avoid getting blood on your hands - use clean tissues, toilet paper or other disposable materials to stop any bleeding. Avoid getting blood on your tourniquet: detachable/medical tourniquets make this easier.
10. Remove the needle, keep your arm straight and apply pressure to the injection site for a couple of minutes (using a cotton ball, a tissue or toilet paper). Bending your arm at this point can damage the vein.

TIP: Avoid licking the injection site after having a hit. The mouth is full of germs and bacteria that our bodies can usually deal with quite well. But when those same germs and bacteria get directly into the blood, it's another story. This is one of the main ways we put ourselves at risk for endocarditis, eye infections and even just plain old dirty hits. Touching, blowing on or wiping the end of the needle or injecting site carries the same risks.

TIP: Don't use an alcohol swab to wipe away blood AFTER a hit. The alcohol swab prevents blood clotting and the injection site actually heal slower. There is more blood around and more chance to transmit a blood-borne virus. Use a clean tissue on the injection site to stop the bloodflow.

TIP: If you have a good supply of fresh fits, after the hit, rinse the fit and put it into a sharpsafe container or a puncture proof child proof container.

It's always best to use a new fit for every hit. But if you intend re-using the fit, after the hit, rinse it thoroughly. Draw up from one cup and squirt the water out into another empty container. Do this at least 5 times before you mark it as your own and put it away.

Avoiding stress while injecting

It always helps if you can take your time, so try to find a place to use that is private, well-lit and where you won't be disturbed.

Can you wait for a better time or place to have the hit? Being frazzled or anxious about police or other interruptions can make you go too fast and miss some of the steps that will help keep the injection safer. You can also easily miss.

If you do miss or end up having a couple of tries, no matter where you are, it can get messy. Try to stop the bleeding from the first site and clean up with soap and water before going on to the next. If you have got a sterile fit handy, use a fresh, sterile fit for the next go. It may seem a hassle at the time, but it can save veins, reduce a lot of scarring and reduce the risk of infections and other medical complications.

If you can't get a vein, have an intramuscular shot. You won't get the rush, but you will get the drug.

If your veins are becoming a problem, perhaps it's time to consider taking your drugs another way, by snorting, smoking, swallowing or shafting.

Helping others

If someone is going to help you inject, do the following:

- have all your own injecting equipment
- mix up your own taste/hit
- ask them to wash their hands before and after
- always recap and dispose of your own used fit
- tell the person to stop, if you feel any pain at all

If you're going to help someone else inject:

- let them mix up their own taste
- wash your hands before and after the injection
- make sure they have all their own equipment, including a tournie
- be clear about how you'll know that the needle is in a vein

Cleaning up

If you think you might have to reuse your own syringe you should rinse your syringe immediately in clean cold tap water. This will remove most of the blood and help reduce the likelihood of HIV or HCV transmission if someone accidentally sticks themselves with the used needle. If you do not, dispose in a sharpsafe, or use a puncture-proof childproof container. Don't use aluminium cans as people collect them. Put your equipment out of reach of children.

If your local needle & syringe program supplies them, have a sharpsafe container handy to hold used fits, swabs, etc. If you've been using a fitpak, return the used fit to the fitpak.

Whatever you use to stop the bleeding (toilet paper, cotton wool and so on) will be contaminated with blood. Dispose of it carefully down the toilet, or put it in the garbage, inside two plastic bags (double bagging).

Don't re-use swabs, filters or opened water ampoules. Dispose of them in the sharpsafe you have used for your used fits or double-bag them with cotton wool, water ampoules, etc.

Don't recap another person's used fit. If you find yourself cleaning up someone else's equipment, use gloves or tongs and pick it up by the barrel.

Wipe down the surface where you've been injecting with warm soapy water. Wash your hands with warm soapy water.

Needle stick injuries

Needlestick injuries can happen when the needle from a used fit scratches, jabs or pierces skin. The risk of being infected with HIV from

a needlestick injury is very low, but Hep C is a much harder virus and can be transmitted more easily this way.

If you do get a needlestick injury, don't panic. DO NOT make the wound bleed by squeezing it - simply wash it with as much soap and water as you can. Seek medical advice and check that you have been vaccinated for tetanus and Hep B.

Disposing of used fits & equipment

Needle and syringe programs around Australia cop a lot of flack if fits are not disposed of safely. We need public support to keep these programs operating: dumping fits could ultimately threaten their survival. They are your programs, so do yourself a favour - don't dump fits.

Avoid being the cause of a needlestick injury by returning used fits (and fitpaks) to needle and syringe programs (or chemists) and collect a supply of new ones while you're at it. There are also fit-disposal bins (sharpsafes) in places such as public toilets. You may feel uncomfortable or vulnerable taking a container of used fits back to a needle and syringe program. In most States and Territories police can use traces of drugs in fits to back up or corroborate another charge (such as possession), although this is rare.

In most States and Territories, the police have developed procedures relating to needle and syringe programs. They are not supposed to hassle people near a needle & syringe program or even be visible nearby. If you are hassled by the police, let them know you are returning the fits to the needle and syringe program and tell the needle & syringe program workers what has happened. Always be aware of what you are carrying when you go to a needle and syringe program. (See the Directory at the back of this handbook for the location of needle and syringe programs in your State & Territory).

AIVL's guide to cleaning fits

Injecting is the single greatest risk factor for contracting Hep C. You cannot entirely eliminate the risk of Hep C transmission from used syringes. In addition to the risk of contracting Hep C, Hep B and HIV by injecting with used syringes, there is an increased risk of having a dirty

hit, getting an abscess and inflicting more damage on your veins. Even if you have cleared Hep C, you can contract another strain of the virus, which adds to the stress on your liver.

Guide to cleaning used syringes including your own

Equipment

Start with a clean safe space and an area with a safe place to dispose of the used fluids such as a sink, drain or toilet. You will need three separate containers:

- A.** One container filled with clean cold tap water. If available add a little detergent as this helps loosen the blood particles so they are easier to rinse away. Use water from the cold tap. If the water is too hot or too cold it can cause any blood in the syringe to congeal and stick inside the syringe where it can shed microscopic particles/virus into your mix.
- B.** One container filled with full strength bleach (at least 5.25% sodium hypochlorite and check the use by date) for soaking/bleaching your syringe.
- C.** One container filled with clean, cold tap water for rinsing the bleach from your syringe.

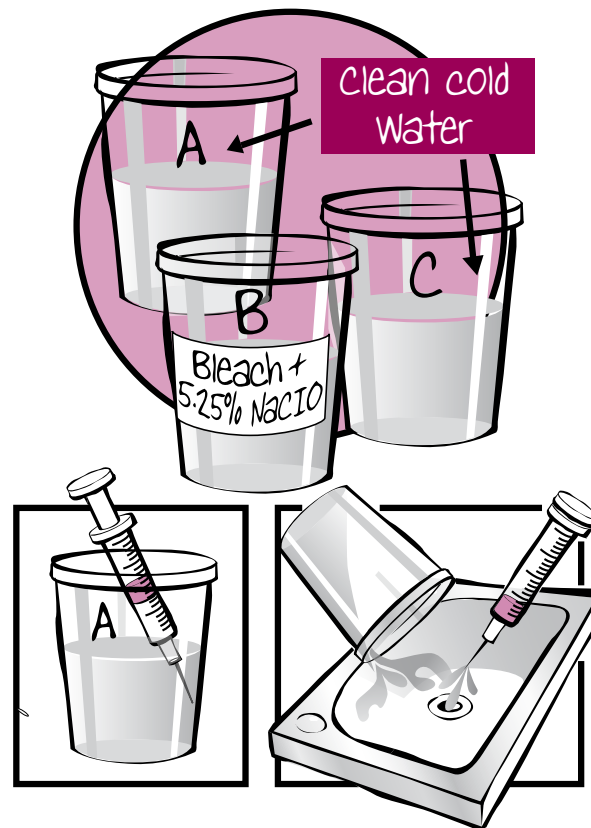
Wash your hands in warm soapy water before you start.

Cleaning Process

Remember there are three separate steps to this process: rinsing, bleaching and flushing. They all have to be done for the right amount of time in the right order.

A. Rinsing

- Draw up detergent water or plain water from the first container and fill up the syringe
- Squirt the water into your sink
- Repeat at least 5 times
- Empty the container of used water down your sink



Draw up water from container A. Add a little detergent to the cold water

Squirt the water into your sink, repeat at least 5 times and pour water down sink

B. Bleaching

Take the syringe apart and put it in the second container, make sure it is completely covered by bleach (don't forget the cap). You may have to put something on top to hold it under the bleach.

Soak for at least two minutes.

If you can't soak it, draw the bleach up into the syringe and shake it for at least 30 seconds. Put the cap on to prevent bleach getting on clothes or in eyes. Count slowly to make sure the bleach has enough contact time with any virus present. Counting "one thousand two thousand"... up to "thirty thousand" is a good way to measure, try not to rush.

- Squirt this bleach into sink
- Repeat at least once
- Discard used bleach from container down the sink

C. Flushing

Draw up fresh water from the third container. This should be the only filled container left,

- Squirt the water out into the sink
- Give the syringe a shake while flushing
- Repeat this process at least five times
- Don't forget to rinse the cap

Why use detergent in the rinsing process?

Detergent helps clean any residual blood or mix out of the syringe more effectively than just water alone; it helps bind the blood together with the detergent particles and becomes easier to wash out.

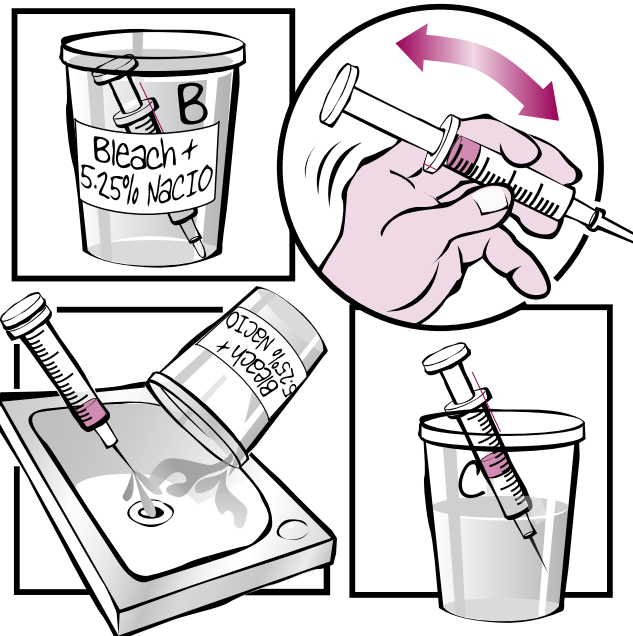
Why Bleach?

Other methods of trying to clean used syringes have been researched e.g. boiling, microwaving and rinsing with alcohol swabs. None of these have been shown to be helpful. Boiling destroys your syringe, it melts, you can't microwave metal and the process is not effective anyway.

Bleach is the best and only real option we have at the present.

Immerse syringe (and cap) into bleach container. Soak for at least two minutes

Draw the bleach up, replace the cap and shake the syringe for at least 30 seconds



Squirt into sink and repeat a couple of times. Pour bleach away

Flush out with clean water, shaking each time. Repeat 5 times.

Tips for injecting

Methadone

There are two formulas of methadone available through methadone maintenance programs: methadone syrup and Biodone Forte™. Injecting a non-sterile liquid like methadone or Biodone™ into your veins, especially if it's spent time in anyone's mouth (including yours), sends a shower of bacteria, fungi and other micro-organisms directly into your bloodstream, leading to the chance of blood clots, vein damage, dirty hits, eye infections, endocarditis, etc.

If you are considering injecting methadone, there are ways to go about it that can reduce the risk of infection and damage to veins. We strongly suggest getting in touch with your local drug-user organisation for further information.

Bupe/Suboxone

Like Methadone, Buprenorphine (Subutex™) or Buprenorphine/Naloxone (Suboxone™) is meant to be taken orally. Bupe pills contain a fair bit of cornstarch, which thickens like gravy when it's in the blood. Injecting Bupe pills can cause problems with veins and can increase the risk of bacterial infection. These risks are considerably higher if the Bupe has spent time in anyone's mouth including your own.

If you are considering injecting Bupe, there are ways to go about it that can reduce the risks. We strongly suggest getting in touch with your State, Territory, or local user association for further information. (See the Directory at the back of this handbook).

Injecting cocaine

Two things, in combination, make cocaine dangerous to inject: 1.) its effect doesn't last long and 2.) it's a very powerful painkiller. People tend to use cocaine in binges, with lots of injections and once even a small amount has been injected, a bad injecting technique causes no pain, increasing the chances of damaging veins. And of course, there's the effect of the cocaine on how we go about things generally. It seems that people doing coke are less likely to be concerned about safer using and safer sex.

Injecting speed/meth/base/pure/crystal

Crystal/ice/base is a toxic chemical that can burn and eat away at veins. It also tends to shrink veins, making them harder to find, which in turn can lead to misses, vein damage and abscesses.

Powdered speed can have all kinds of impurities. It's rare to come across something pure so it's very important to filter prior to drawing up. What doesn't mix up, should not be injected!

Base is methamphetamine that hasn't made it to crystal form, so a range of impurities can be present in the drug. To protect your veins, filter the mix to reduce the presence of impurities.

The best way to care for veins is to not inject it. Smoking 'ice' gives a very similar high to injecting and a good option if you're a regular injector and want to give your veins a break.

Injecting pills

Many pills, such as Benzodiazepines, Diazepam (Valium™), Temazepam (Normison™), Nitrazepam (Mogadon™), Oxazepam (Serepax™), Clonazepam (Rivotril™) and Flunitrazepam (Rohypnol™) available on the PBS as Hypnodorm) are made for being taken by mouth. They often contain particles that do not dissolve in water. If they're injected, these particles can make their way to eyes, lungs and other organs, or they can block small vessels, cutting off the flow of oxygen to parts of the body, which if deprived of enough fresh blood, dies and rots.

Some pills also have no effect when they are injected because it is the digestive process that makes them work.

Benzos that come in gelcaps are also not meant for injection. Because they're oil-based and don't mix with blood when they're injected, they can irritate and cause swelling to the lining of veins, leading to clots, abscesses, ulcers and even vein collapse. Injecting them into arteries can lead to amputation. There's no safe way to inject the contents of a gelcap.

Pills, as opposed to gelcaps, can be injected, but it takes quite a bit of work, particularly with filtering all the chalk and other impurities out before it goes in the veins. You'll need commercial filters. Cotton wool will not get rid of all the stuff that it needs to. If you're considering

injecting pills, we recommend getting in touch with your State, Territory or local user group for more detailed information on how to go about it. (See the Directory and the back of this handbook).

Steroids

Some athletes use steroids to increase their strength, weight and recovery; some use them to improve their body image; others may inject steroids to change and maintain a gender they weren't born with. Steroids are usually taken orally or injected into muscle. The side-effects vary according to the person taking them, the dosage and the length of time the person has been taking them. It is important not to use steroids if you haven't completed your growth cycle: 15–17 years in girls; 17–19 years in boys.

Injecting steroids with other people and sharing needles, swabs, vials, or bottles of steroids, allow for the possibility of exchanging blood and of course, the risk of Hep C, Hep B and HIV. If possible avoid sharing of any kind. The best protection against contracting or passing on blood-borne viruses is to avoid the sharing of any equipment, to use new needles and syringes and other clean equipment every time you inject, and to wash hands before and after.

If you choose to inject steroids you must do it by injecting into muscle. The place most commonly used for steroids is the muscle of the bum. Be careful to avoid the sciatic nerve. The muscle in the upper arm and outer thigh can also be used. We recommend following the same hygiene and safer-using guidelines as injectors of other drugs.

Among the possible short-term side-effects of steroid use are liver damage, raised blood pressure, diminished libido (even impotence), deepening of the voice in women, a higher voice in men, acne, increased facial and back hair, menstrual abnormalities, growth of the clitoris in women, growth of breasts in males, raised cholesterol, mood swings and increased aggression.

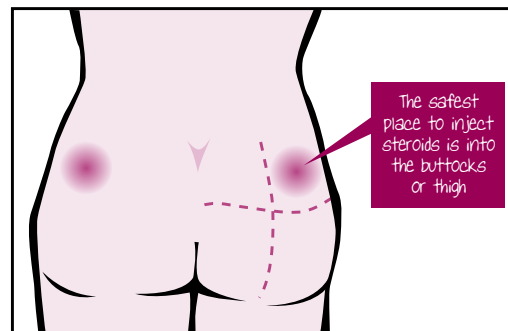
If you're considering injecting steroids, we recommend getting in touch with your local user group or a gender centre for more detailed information. (See the Directory at the back of this handbook).

Other ways to take drugs

Injecting into muscle

Injecting speed, cocaine, pills or methadone into muscle can cause abscesses. Some material used to cut gear can do the same.

The safest muscle-injecting site is your bum. If you try to inject into your bum or thigh, be particularly careful to avoid hitting the sciatic nerve: damage to this nerve can be irreversible and can cause chronic pain, even paralysis.



1. Keep the site straight and as relaxed as possible
2. Clean the injection site with a single wipe with a new swab
3. Holding the barrel of the syringe, push the needle in with one swift jab, not quite up to the hilt
4. Draw back. If you get blood in the syringe, you have hit a vein or an artery. Pull the needle back a centimetre and try again
5. Provided the syringe remains free of blood, inject slowly and continue to keep relaxed

Injecting into muscle requires longer needles: at least 2.5 centimetres long; 23-gauge and 21-gauge are both suitable. The effects may take 10 to 20 minutes to come on: be patient and wait and see before you think about using more.

Skin-popping

Skin-popping speed, cocaine, pills or methadone can cause abscesses. Some material used to cut gear can do the same.

The most common sites for skin popping are the forearms, thighs and stomach. As with intramuscular injection, the effects take 10 to 20 minutes to come on.

1. Wash & dry the injection site
2. Wipe the injection site in one direction with a new swab
3. Relax and slide the needle under the skin at a shallow angle
4. Inject a maximum of 0.5 ml (50 units on a 1ml. syringe). This will create a little bubble under the skin. If you have more than 0.5 ml of liquid, withdraw and repeat the process at a new site

Sharing equipment and tastes, helping others, or being helped, all pose risks for the transmission of blood-borne viruses (Hep C, Hep B, HIV), as well as bacteria and germs.

Smoking

Smoking heroin

Smoking heroin - 'chasing the dragon' - gives veins a break.

And it's safer because there's no way of exchanging blood.

While pink and brown rocks or brown powder are best for smoking, any kind of heroin can be used this way, although white powder, because it doesn't burn as well as the others, may lose some of its potency. It takes about 5 minutes for the effects to come on.

1. Use a small piece of foil, about 8 centimetres square, which makes it easier to hold
2. Roll up a bank note or a piece of card, as for snorting
3. Smear a bit of cooking oil on the foil to prevent the gear from burning too quickly. Then put a small amount of heroin on the foil
4. Hold the foil in one hand, the roll in your mouth and light the

underside of the foil. As the smoke develops, inhale it through the rolled-up note or card. You have to be quick to make sure the smoke doesn't rise before you are ready

5. Wait at least five minutes before smoking more

Smoking meth/ice

Smoking crystal means breathing in toxic chemicals that can damage the lungs and cause respiratory problems. Be aware that smoking ice, especially with dry lips and mouth, can lead to small cuts and some users have also thought that the ice smoke has caused small abrasions on the gums and in the throat. If these bleed and you're sharing a pipe, there's the possibility of transmitting HIV, Hep C, or Hep B. Over time, gargling salt water will help heal these abrasions.

The best way to smoke crystal is to use a glass pipe. A gas (jet) lighter will make more heat than a regular lighter, melt the crystal faster and mean less goes to waste. They also won't leave black marks around the pipe, so you've got a better idea of what's happening in the pipe.

Make sure the crystal is melted before inhaling slowly.

Let the pipe cool once in a while. With continuous use, pipes can get very hot and burn the skin. They can also get brittle and break.

Snorting, swallowing & 'up ya bum'

Snorting is another safer way of taking drugs because it usually doesn't involve blood. Make sure the drug you are going to snort is well chopped up (powdered): rough crystals can tear the nasal linings, which means that there is blood around. You can use a razor blade or a knife to get rid of lumps and then to make a line.

After you've snorted wait at least 10 minutes to see how strong the effect is before deciding whether to use more. Remember that if you snort a lot you can damage the lining inside your nose.

If you share straws or bank notes, there's a much higher chance that blood that gets on the straw can be passed from one person to another. Using your own bank note or straw will greatly increase your safety.

Any drug can be swallowed and wrapping it in a cigarette paper can

make it easier to swallow. If you can stand the taste, you can also dissolve the drugs in water and drink them. This will bring the effects on faster.

To use a drug as a suppository - to put it up your bum - we suggest first mixing the gear with cocoa butter and wrapping in a cigarette paper to help with inserting. You can also fill a cellulose capsule with the dope, close it tightly and insert it. Lubricant helps.

Whether you're swallowing or going up the bum, test the strength of the drug by putting only a small amount and waiting 10 minutes to gauge the effect before using any more. If you use speed in a suppository a lot you can damage the lining of your bum.

Swallowing and going up-ya-bum takes up to 20 minutes to produce effects.

Tolerance, dependence & hanging out

When you develop a tolerance to a drug it means that you need to use more of the drug to get the same effect. As you continue to use, your tolerance grows and eventually you may become physically or psychologically dependent on the drug.

Physical dependence comes about when your body has adapted to the presence of the drug and you need it to function 'normally'. When this happens it is very difficult to stop using or to even cut down. If you get less or none of the drug you start 'hanging out', you'll start to 'withdraw'.

It can take some time, a week or more, depending on the drug you're using - for your body to adjust to being without the drug (e.g. 5-7 days for heroin, many months for methadone or benzos).

And of course, the psychological adjustment can take much longer than the physical adjustment.

Hanging out

The physical part of withdrawal can be different for different people, depending on, for example, the kind of drug(s) that you use, the amount of the drug(s) you're used to using and how well you cope with the discomfort and pain.

Withdrawing from opioids (Heroin, Methadone, etc.) may bring on

clammy skin, uncontrolled yawning, runny nose, tears, goose bumps, diarrhea, sweating, vomiting, stomach and leg cramps and disturbed sleep. Withdrawal from Benzodiazepines and alcohol can bring on hallucinations and fits. Withdrawal from psychostimulants (e.g. speed, ice, crystal) may bring on extreme fatigue, hunger, mood swings and sleep disorders.

The psychological part of any withdrawal can produce cravings and extreme mood swings between feeling depressed or irritable, scared, having panic attacks, or feeling pretty 'up', all in the space of a few minutes. With speed/ice/crystal and coke, the depression can be very deep. Withdrawal may also bring on feelings of hopelessness, isolation and sometimes, wanting to die. For most people these symptoms will become less intense as the physical symptoms decrease.

If symptoms such as anxiety and depression continue, we think it's wise to look for some professional help. Contact your GP or your local drug-user organisation.

If you're thinking of detoxing, there are ways to go about it that may make it less difficult than it could be, and there are services (institutions, detoxing units, hospitals, home detoxing programs) to choose from. (See chapter 5).

How to avoid tolerance and dependence

If you want to avoid becoming physically dependent on a drug and keep your drug use under control, consider the following:

Try to limit how often you have the drug (for most drugs, having them more than once or twice a week usually leads to tolerance and dependence).

- avoid using on consecutive days
- use only on weekends
- use only in particular circumstances, such as parties
- take breaks from using, change your environment, take a holiday
- limit the amounts you're using, use small amounts and buy/use only with certain people
- have other things in your life that you enjoy doing and continue your relationships with people who don't use

Viruses & Antibodies

Viruses are very tiny organisms, so small that about 30 million could fit on the end of a needle. They can only be seen with a very powerful microscope.

Viruses take over living cells, where they make copies of themselves (or replicate), usually disrupting the normal job of the cell and sometimes even destroying it.

Antibodies are the body's main form of defense against anything foreign that gets into the bloodstream (eg. viruses, bacteria, other germs and proteins). Antibodies stick to anything foreign that they find, making it difficult for the foreign stuff to get into body cells. It can take up to 6 months before antibodies to some viruses are made. Many vaccines work by stimulating an antibody response.

There are a number of cells in the body that help in the defence against foreign materials and organisms. Macrophages travel around the bloodstream and when they run into something with antibodies on they move in to engulf, and then destroy it. Killer cells are a type of T cell (or white blood cell) that also play a role in the body's defense. These cells release toxic granules that destroy infected cells.

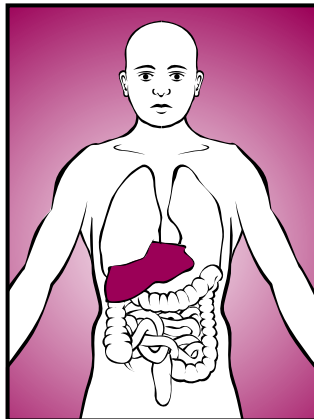
Some viruses like hep C and HIV are masters of disguise. So although the body's defenses may get rid of lots of viruses there are often many which have changed appearance, aren't recognised and therefore survive.

Viral Hepatitis

Hepatitis means "inflammation of the liver", so hepatitis can be caused by anything that leads to inflammation with swelling of the liver and often pain. This includes alcohol and other drugs, chemicals, pollutants and viruses such as Hep A, B and C.

Hep C

Hep C was discovered in 1988 and an accurate test to detect it became available in Australia in 1990. In 2007, about 278,000 people were thought to have been exposed to the Hep C virus and had Hep C antibodies. At the end of 2008, an estimated 211,700 people were living with chronic Hepatitis C infection. The number of new diagnoses has fallen to around 10,000 cases each year. This is far too many and sharing fits and other injecting equipment is still the way that most people get Hep C.



Liver

Hep C genotypes

We're used to hearing and saying "Hep C" as if it's a single virus. But, in fact, it's a group of similar viruses. Scientists have identified 6 main "families" of Hep C viruses around the world, each differing slightly from each other in their genetic makeup. These are called genotypes (1, 2, 3, etc.). Within each genotype, scientists have identified further sub-groups (a, b, c, etc.). In Australia the most commonly found kinds of Hep C virus are 1a, 1b and 3a.

At present, there appears to be no connection between genotype and severity of liver disease. However, some forms of Hep C respond better to treatment than others. More importantly, some people, often through treatment, have been able to get rid of ("clear") one kind (or genotype) of Hep C and then later get another. The point is: having many kinds of Hep C (genotypes) usually means that the problem can be more complicated to treat.

What does Hep C do?

In the long term, Hep C, usually means bad news for the liver. Hep C reproduces by making many copies of itself in the liver and eventually causes liver inflammation and liver disease.

When they first get Hep C some people have flu-like symptoms. They may find their urine gets dark and in some cases their eyes and skin turn yellow (this is called jaundice). Although these symptoms may disappear within a few weeks, it doesn't necessarily mean that the infection is gone. During this early period the amount of virus in the blood rises dramatically until the body's immune system starts to produce antibodies.

About 20-25% of people who get Hep C get rid of ("clear") the virus naturally within 12 months.

This means they may still have antibodies, but do not have active Hep C virus. Between 75-80% of people who get Hep C do not "clear" it. They have both antibodies and the Hep C virus, which is an active infection. If you clear the virus naturally (or with treatment), you are not immune to Hep C and can be re-infected.

Hep C is a slow-acting virus and for most people does not lead to serious disease or death. However, this is not the case for everybody for some people, over time, Hep C gradually stops their livers working well. From what we know at present, almost half the people who live with Hep C without treatment for 20 years will have some kind of liver damage. Of this half, most will have cirrhosis with a smaller number having liver failure and a smaller number again having liver cancer. A small number develop cirrhosis of the liver, liver failure, or liver cancer. After 40 years of living with untreated Hep C, those numbers are significantly higher.

Other factors known to increase the risk of liver damage from Hep C include:

- having Hep C as well as Hep B and/or HIV (this is called co-infection)

- drinking more than 4 standard drinks of alcohol daily over time
- having a 'fatty' liver usually associated with being overweight and/or having diabetes

How can you tell if you have Hep C?

Natural history of Hep C

There are now several tests to tell if Hep C is in someone's blood.

Of 100 people with chronic Hep C who remain untreated . . .

After 20 years	45% won't develop liver damage	47% will develop mild to moderate liver damage	7% will develop cirrhosis of the liver	1% will develop liver failure or liver cancer
After 40 years	45% won't develop liver damage	31% will develop mild to moderate liver damage	20% will develop cirrhosis of the liver	4% will develop liver failure or liver cancer

Testing for Hep C

Hep C antibody test

The first step is the Hep C antibody test, which looks to see if someone has come into contact with Hep C. A positive test means that antibodies, not actual Hep C virus, have been found. If people have cleared the virus, they still keep the Hep C antibodies. Sometimes 6 weeks to 3 months need to pass after initial exposure to Hep C before an antibody test will be accurate. This is called the 'window period'.

A negative antibody result means that the person has not been exposed to the virus up to the point of the 'window period'. A positive result means that antibodies were found, which means the person has been exposed to Hep C at some point but it does not show the presence of the actual Hep C virus.

One situation in which antibody testing has not been reliable is with newborn babies. Babies born to Hep C positive mothers can have a positive antibody result for up to 12-18 months after birth, but they don't necessarily have any Hep C virus.

PCR test

The PCR test looks for actual Hep C viruses, as opposed to antibodies, in the blood.

There are three kinds of PCR tests:

The PCR viral detection test is used to see if someone actually has the Hep C virus. Anybody who has a positive or inconclusive antibody test should go on to have a PCR viral detection test.

The PCR viral load test looks for the Hep C virus and estimates the amount of Hep C virus present in someone's blood.

The PCR genotype test looks to see what kind (or genotype) of Hep C virus someone has. It is very useful for making decisions about treatment.

Where to go for testing?

Testing for Hep C is now widely available and free in Australia. To find out where to go in your State or Territory, contact your State/Territory Hepatitis C Council or local drug user organisation (listed in the State/Territory directories at the back of this handbook).

Pre- and post-test discussion

Prior to taking a Hep C test, the GP, specialist doctor or nurse doing the testing should give you a brief explanation of how the test works and find out how you're likely to respond to the result positive or negative. They will also try to discuss other things, such as whether you have

been at risk of getting Hep C, whether you've had any symptoms of Hep C infection, the benefits of testing and the confidentiality of the results. They should be clear that you have had the test of your own free will and understand its implications.

The results of a Hep C test should always be given to you in person, regardless of the reason for the test and whether the result is positive or negative. They should discuss the 'window period' and the possibility of 'false' test results (i.e. if you've been exposed to Hep C within the 6 months prior to the test, it may not turn up on the test). If the result is negative, the service provider should provide counselling and information that helps you to remain Hep C negative. If the result is positive, they should re-visit some of the pre-test counselling issues and discuss any issue that you want to explore, including the options for treatment.

Sometimes, test results come back as neither positive nor negative and further tests requiring different technologies are required.

All States and Territories have established protocols for how pre-/post-test discussions should be conducted. Most importantly, it should happen in private and use language and words that you understand.

If you are thinking of being tested for Hep C, be sure you can access pre-/post-test discussion.

Giving consent for testing

You can't be forced to take a Hep C test. You have to give your consent. If you are having blood taken for testing, for any reason, you can ask what you are being tested for. You cannot be tested for Hep C without your knowledge. Hospitals have been known to test people for Hep C, Hep B and HIV without letting the person know. You have a right to know what you are being tested for and to refuse a test if you don't want it done.

Some prisons conduct compulsory testing for blood borne viruses, including Hep C.

Hep C transmission

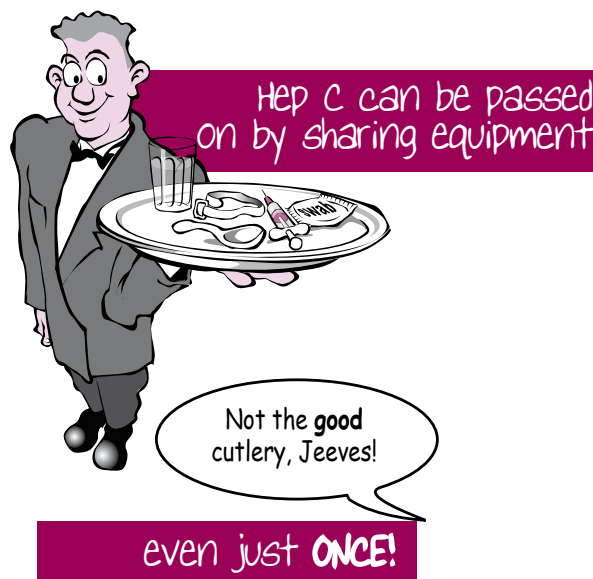
How is Hep C spread?

Hep C is a virus that lives in the blood. To get Hep C you have to get the

blood of an infected person in your bloodstream. It doesn't have to be a large amount of blood. Even a small amount, so small you might not be able to see it, can contain Hep C. This Hep C-infected blood can get into the body through fresh cuts, broken or punctured skin (e.g. after injecting), or by injecting the blood with Hep C into your bloodstream. As the blood vessels underneath the eyelids are very close to the surface, blood containing Hep C that is splashed into the eye may also cause an infection.

The Hep C virus cannot get through unbroken skin and if swallowed, it is killed by the stomach's digestive juices.

The risk of infection is potentially influenced by the level of Hep C virus (viral load) in the infected blood. For this reason, the risk of transmitting Hep C is higher during the first six months after someone catches the virus.



How does Hep C pass from one person to another?

Hep C is passed on when the blood of an infected person gets into the blood of another person (blood-to-blood contact). There are many ways that this can happen. Below are some of the ways in which Hep C can be transmitted from one person to another.

Unsafe injecting

When it's done safely, injecting will not lead to Hep C infection. But it seems that the large majority of people who have been exposed to Hep C did so through unsafe injecting or sharing needles and other equipment.

Body art

Getting tattoos, body piercings, 3-D implants, pearling, scarification where unsterile equipment or procedures were used. You should make sure that anyone doing these procedures (professional or non-professional) is autoclaving (sterilising) any instruments that are being used on more than one person.

Surgical infection

Having unsterile medical procedures or vaccinations (very rare in Australia but can happen in some overseas countries).

Getting a needlestick injury

Even if you do get a needlestick injury, it is VERY unlikely that you will get Hep C. There has not been a confirmed case in Australia of someone getting Hep C from a community needlestick injury. It has been known for health care workers to get Hep C from needlestick injuries in their workplace.

Blood donation

Exposure to unsafe blood and blood products in medical settings – since 1990, all blood donated in Australia is tested for Hep C. Also, people who have Hep C risk factors (tattoos, history of injecting, etc.)

cannot give blood. This all means that the blood supply in Australia is very safe. Other countries may not have such stringent controls in place and receiving blood or blood products in other countries can be a risk.

Mother-to-baby transmission

Hep C has been found in the breast milk of mothers who are Hep C positive, but breast milk has not been shown to pass on Hep C. A baby is much more likely to get Hep C from a Hep C positive mum by sucking on cracked/bleeding nipples when being breast fed. There are ways to protect babies by using nipple guards (available from chemists) and expressing breast milk.

Sex & relationships

Although there are still some areas of uncertainty, research suggests that the risk of transmitting Hep C is very low in most sexual activities. Transmission of Hep C through sexual body fluids (e.g. cum, vaginal juices) is rare, but theoretically more likely when levels of Hep C are high (e.g. during the initial stage of infection, or when the immune system is not working well, e.g. due to HIV). Where there is little risk of blood-to-blood contact, there appears to be no need to adopt safe sex practices where one partner is Hep C positive.

Blood-to-blood sex, rough-sex/B&D

On the other hand, where there is risk of blood-to-blood contact during sexual activities (e.g. with some kinds of rough sex and B&D), the risk of transmitting Hep C is higher.

Skin injuries

Blood-to-blood contact through cuts, lesions, bleeding, broken skin and open wounds are places where stuff from the outside can get into the bloodstream. If the blood of a person with Hep C gets into someone else's open cut or wound, there's the chance of transmitting Hep C.

Barbering/hairdressers

Wherever there is the chance of making open cuts or wounds, barbers and hairdressers should always be using new or sterile equipment. You

should make sure a barber/hairdresser is autoclaving (sterilising) any instruments that are being used on more than one person and could possibly puncture the skin.

Household transmission

Using razors or toothbrushes that have Hep C positive blood on them carries a risk of Hep C infection. It's not a huge risk, but it's best to have razors and toothbrushes (and other things that can get blood on them) that only you use. Only use your own items, not anyone else's.

Being in jail

There are many drug users in Australian prisons, where new fits are not available. Fits are passed around, being sharpened and re-used for a long time. Bleach may be available, but this often depends on the institution and the situation. Cleaning cannot be guaranteed to kill Hep C and when a syringe is old or has been modified it may be much more difficult to clean properly. If you inject in prison you are risking getting Hep C, as well as HIV. Many people who enter prison Hep C negative and inject while inside leave prison Hep C positive.

There are other ways you can get or pass on Hep C in jail, including using unsterile tattoo needles, sharing razors and toothbrushes, being in a fight, having rough sex, etc. Any way that blood from one person can get into the bloodstream of another person, is a way that Hep C can be transmitted.

Can you get Hep C from a mosquito bite?

No. There are no documented cases of transmission through mosquitoes. Hep C has to be in blood and the other viruses usually passed on through mosquito bites (such as dengue fever, yellow fever and West Nile virus) are passed on through the saliva generated by the mosquito when it bites.

Other ways you can't get Hep C

Hep C is not spread by contaminated food or water and cannot be spread through casual or social contact such as kissing, sneezing, coughing, hugging, or eating food prepared by a person with Hep C.

How to avoid getting Hep C

Being blood aware will help you to avoid getting Hep C. By knowing how Hep C is transmitted and prevented and by being careful, people can inject for years and not get Hep C.

The following main points will help you to stay negative:

- Follow the safer-using practices outlined in Chapter 2 (these will also protect you against HIV and Hep B)
- Avoid blood-to-blood contact, for example during sexual activity (this will also protect you against HIV and Hep B)
- If possible, avoid being sent to prison

Vaccines for Hep C

There is currently no vaccine for Hep C. Researchers are working on developing a vaccine, but it is unclear whether an effective one will ever be available. The best way to avoid Hep C for the foreseeable future is to use safe injecting practices and be mindful of the other ways Hep C can be transmitted (see above).

Other Hep C tests

If you've received a positive Hep C antibody test and a positive PCR viral detection test, you're also likely to have had a PCR viral load and a PCR genotype test. The result of these tests will be important in any decision about starting treatment.

In the course of treatment, your doctor may suggest other kinds of tests. These may include:

Liver function test

The liver can be damaged by Hep C infection, excessive alcohol, or even some prescription and illicit drugs. The LFT is a blood test used to figure out how well the liver is working and if it is damaged. One important piece of information from the LFT is the level of a particular enzyme,

alanine aminotransferase (ALT). High levels of enzymes (often referred to as “raised ALT or AST levels”) in a blood test usually shows that the liver is inflamed. A positive person with consistently high ALT levels would be wise to discuss referral to a liver specialist.

Other information from the liver function tests is the albumin (a protein made by the liver) and the bilirubin level. Bilirubin causes jaundice when its level is high.

Though the LFT is only part of the picture as far as overall health goes, it's a good idea to have LFT tests done at regular intervals. Your doctor will recommend how often. This test and your physical symptoms (how well you feel) will help you and your doctor tell how well your liver is coping with Hep C over time.

Liver biopsy test

Cirrhosis (advanced scarring) of the liver is one of the most serious effects of long-term Hep C infection. The scar tissue affects the flow of blood and other fluids through the liver. Without good blood flow and with a decreasing number of properly functioning cells, the liver becomes lumpy and hard and can't do its job nearly as well.

In order to determine the extent of damage to your liver, your doctor might recommend that you have a liver biopsy. Usually available through hospital day clinics, this sometimes painful procedure involves inserting a thin needle into the upper abdomen and snipping off a very small part of your liver. The doctors then examine this to see how much scarring you have. Mild to moderate scarring is called fibrosis. Advanced scarring is called cirrhosis.

It is no longer an essential requirement to have a liver biopsy in order to start Hep C treatment. Discussing the pros and cons of a liver biopsy with your treating doctor/s is highly recommended before proceeding.

New ways of determining the amount of liver scarring are being investigated by researchers. Within the next few years it might be possible to have a scan of some kind instead of a biopsy. If your doctor recommends a biopsy, you can always ask if there are any alternative

procedures that are non-invasive (i.e. don't involve sticking anything into your body).

What are the treatments for Hep C?

Most people who go onto treatment for Hep C receive two drugs, pegylated interferon and ribavirin. This is called combination therapy. The interferon works to boost your immune system to fight the Hep C virus while the ribavirin attacks the virus directly. Pegylated interferon is taken once weekly as an injection under the skin (sub-cutaneous) and the ribavirin is taken daily as tablets you swallow.

Generally, people with Hep C genotype 2 or 3 are treated for 6 months and people with genotype 1 are treated for 12 months.

The Pharmaceutical Benefits Scheme (PBS) works to reduce the cost of medication to people who need it. Treatment for Hep C is usually between \$22,000 and \$27,000 per year. You can access subsidised Hep C treatment if you meet certain criteria. To be eligible for subsidised combination therapy through the PBS, you must:

- be 18 years or older
- have had a positive Hep C antibody test
- have active Hep C (tested with PCR)
- not be pregnant or breastfeeding, or for men your partner must not become pregnant while you are on treatment and up to 6 months after treatment has ceased (due to the possibility of birth defects from the medication)
- use contraception, with both partners taking precautions to prevent pregnancy

If you receive subsidised treatment, the medication is free but you may have to pay a dispensing cost of around \$20 - \$30 per month. Other prescription drugs you might need to take will cost you the usual amount/s.

You cannot be refused treatment because you inject drugs or use any illicit drugs.

Those people considering treatment are usually referred to their nearest

treatment centre. Most often these are liver clinics which are located in major hospitals.

What's the success rate of Hep C treatment?

About 80% of those with genotype 2 and/or 3 and about 50% of people with genotype 1 who finish treatment will clear the Hep C virus. If you are still clear of the virus 6 months after you finish treatment, you are said to be cured.

What about future treatments?

Researchers are constantly aiming to produce new drugs that will make Hep C treatment more effective. In the next few years there may be advances in treatment that result in higher percentages of people being cured. Your local Hepatitis Council and/or drug user organisation may be able to give you more information about future Hep C treatments (see Contacts at the back of this booklet).

Treatment adherence . . . sticking with it

Once you start Hep C treatment it is important to take your antiviral medication as prescribed. If you miss doses, you lower the amount of medication in your blood and it won't be as effective as if you'd taken your full doses. Taking the right amount of medication at the right times is known as "adherence".

If you do miss a dose, do not double your next dose. Just take the next dose when it is due. Talk with your Hep C nurse or doctor for more information.

Sticking with your treatment can make a difference to your chances of clearing Hep C. It has been found that by taking all your medication at all the times you should for the full length of your treatment, you can greatly improve your chances of a cure.

Are there side-effects to Hep C treatment?

Yes, there usually is. While it is true that a very small number of people report no side-effects, we know others who have had a difficult time of it. The most widely reported side-effects include flu-like symptoms, such as fever, chills, muscle aches and headaches, lethargy and fatigue, depression, forgetfulness, irritability and even loss of hair.

These side-effects are mostly due to the interferon. Ribavirin can also have some side effects like a change in taste and a fall in your red blood count causing anaemia.

For some, these side-effects are more powerful during the first months of treatment. For others, they can last the whole way through treatment. Others still have few side effects early in treatment but get some later on. For the majority of people, the side-effects end when the treatment stops, though some people have side effects for some time after stopping treatment. Life-threatening complications are rare.

Your treating doctor/s will closely monitor your side effects and you should report to them anything that you feel is a result of your treatment. If you get bad side effects, you may need to have your treatment adjusted to make things easier for you.

No-one can predict how any individual will respond to treatment or the kinds of side-effects he/she may experience. Having few side-effects does not mean that the treatment is not working. Nor does it mean that you won't get side-effects at some other stage in your treatment.

Some people who have stopped injecting or are trying to stop may have some reservations about using needles to take their interferon. If you find that this is the case for you, you might like to talk to people who have been in the same situation. Try calling your local drug user organisation (see Contacts) or call 1300 Hep ABC – this number will connect you to your local Hep C information and support line.

Complementary and alternative therapies

'Complementary therapies' are health practices used alongside conventional or mainstream medical approaches. 'Alternative therapies' are health practices that do not follow conventional or mainstream medical approaches. Sometimes the terms are used interchangeably. There are a wide variety of complementary and alternative therapies, including traditional Chinese medicine, acupuncture, aromatherapy, naturopathy, herbalism, food supplements, chiropractic, reiki, Qi Gong, meditation, yoga and Tai Chi.

There has been no comprehensive assessment of the benefit of complementary therapies for people with Hep C. That said, we are aware of individuals who say they have used complementary therapy

with good results, sometimes to offset the side-effects of the interferon and ribavirin, or to improve general quality of life. There are others who say they've been no help at all.

It is always a good idea to let all your treating practitioners know what other therapies you are using and/or considering using. Some alternative and complimentary therapies may have an effect on your liver that you are not aware of, or they may interact with interferon and/or ribavirin. Also, your natural therapist will need to know if you are taking any medication, including interferon and ribavirin.

Here are some handy hints if you are considering complementary/alternative therapies:

- Find out if the practitioner has experience and qualifications in their area and if they are registered with a professional association for that therapy
- Find out what, if anything, a potential practitioner knows about Hep C
- Find out how many treatment sessions may be required and how much they might cost
- Find out if there are any risks associated with the therapy, any potential problems in combining it with mainstream therapy (e.g. some herbal treatments are highly recommended for the liver; some can cause the liver damage)

If you have concerns about any of these issues, think carefully about proceeding. The State/Territory Hepatitis Councils and drug-user organisations can help you work through these concerns (see Contacts). They will also be able to tell you which herbs, etc. are not good for your liver. Your liver specialist/GP may be able to help as well.

Getting as much information as possible about complementary and alternative therapies will help you to make good decisions about your health.

Deciding on treatment

Hep C is usually a slow-acting disease, so most people can take time to

consider their treatment options.

Pharmaceutical treatment for Hep C is not easy. Some people experience serious side-effects. These can affect all areas of your life - family commitments, relationships, work, recreation, etc. It may help to have someone you can talk to who understands these issues or has been through a similar experience.

Here are some things worth thinking about before you start treatment:

- Why do you want to go for therapy? Many people find the combination of doctors' appointments and side-effects stressful
- Hep C therapy usually takes 6-12 months. It's a pretty big commitment and you need to be fully aware of what it involves. Time off work might be necessary
- Are you prepared for your end-of-treatment result? No longer having Hep C can change your life. Not clearing the virus can be a very emotional experience. Can you cope with either of these results?
- Is it the right time to start treatment? If you are having your liver function regularly checked by a doctor with a good understanding of Hep C, s/he will know the best time to refer you to a specialist or a liver clinic to be assessed for treatment. Studies have shown that therapy has a better chance of success if it is provided early in the development of fibrosis
- Do you meet all the criteria for subsidised treatment? If you don't meet all the criteria, you will have to pay for treatment yourself (and it's very expensive)
- Can you wait for improvements in treatment that may give you a better chance of clearing Hep C? This is particularly relevant for people with genotype 1 Hep C

Deciding you want to start treatment doesn't automatically mean that you will be accepted for treatment. It's important to talk over your treatment options with your doctor.

The Hepatitis C Council and drug-user organisation in your State/Territory can help you access support groups or other kinds of support. (See the Directory at the back of this booklet).

Where to go for Hep C treatment

Choosing a good doctor (usually a general practitioner or GP) is important when you have Hep C. If you are attending the same doctor regularly to monitor your health through liver function tests, they will have a clear and continuous picture of your liver's response to Hep C. They will be alert to important changes and will be able to identify the best time to refer you to a specialist or liver clinic.

Your doctor will be able to set up a "shared care" partnership in which s/he will liaise with any specialists or hospital clinics involved in your care.

If you have a good relationship with your doctor they can contact the specialist service (gastroenterologist or liver clinic) that they refer you to and request to be a part of your therapy program (i.e., to "share the care"). This means that they work in partnership with the liver clinic to monitor your health before, during and after therapy. The benefit to you is fewer visits to the liver clinic, more visits to your (hopefully) familiar and friendly local GP.

This is particularly important for people who want to get specialist care but live in regional and remote places. Having a good relationship with your doctor will make antiviral therapy less stressful. If you are able to find a doctor who is already offering shared care to other people with Hep C, they may be willing to offer the same arrangement. For information on shared care contact your State/Territory Hepatitis Council or drug-user organisation. They may also be able to help you find a 'Hep C friendly' GP.

Health & lifestyle issues for people with Hep C

Good health is dependent upon a range of factors, including:

- physical factors (e.g. genes)

- social factors (e.g. whether you have access to transport to seek medical advice)
- mental factors (e.g. whether you have people around you to support you)
- lifestyle factors (e.g. regular exercise/physical activity, good diet)
- financial factors

Some of these things are beyond our control. Some aren't. The next sections look at some issues where healthy lifestyle choices can affect well-being.

Hep C and nutrition

Good nutrition is an important consideration in staying healthy with Hep C. A good, balanced diet can:

- help relieve some of the symptoms of Hep C infection and Hep C treatment, e.g. nausea
- provide your body with the nutrients necessary to help repair old liver cells and build new ones
- help combat tiredness and fatigue and provide the energy needed for daily activities
- give your immune system a healthy basis to work well
- help maintain a weight and body mass that's right for you
- reduce the risk of many diseases, such as heart disease, diabetes, obesity and some cancers

Generally speaking, it's good to be eating foods rich in vitamin C (e.g. citrus fruits/strawberries), lean meats and fish (to get a good supply of protein and vitamin B12) and wholegrain cereals and a variety of fresh vegetables and fruit.

It's good to avoid saturated fats from fatty meats and full-fat dairy products. Refined sugars can have a negative impact on health in a number of ways, so it's best to try to keep your sugar intake to a

minimum if possible.

If you want to know more about recommendations for healthy balanced diets, contact your State/Territory Hepatitis Council or drug-user organisation (see Contacts at the back of this booklet).

Drug use & Hep C

Using alcohol when you've got Hep C

It is best to try and avoid alcohol when you have Hep C because alcohol can increase the rate of liver damage. People who consume large quantities of alcohol are advised to reduce their intake. There is a higher risk of developing liver disease, including cirrhosis, if you have Hep C and drink alcohol. Alcohol is also likely to affect your response to treatment and make treatment less effective.

Keep in mind that the government's suggested alcohol intake is based on people who are in perfect health. Government recommendations for alcohol intake are:

For men

- No more than 4 Standard Drinks on a single day.
- One or two alcohol-free days per week.

For women

- No more than 2 Standard Drinks on a single day
- One or two alcohol-free days per week.

These guidelines assume, amongst other things, that you are in perfect health and do not have a condition that can be made worse by consuming alcohol. People with Hep C may want to drink at levels below those recommended for the general population.

If you have chronic Hep C, but not cirrhosis, consider limiting your alcohol to no more than seven standard drinks per week and having one or two alcohol free days per week. If you have cirrhosis, it is recommended that you do not drink any alcohol.

Contact your GP or your local community health centre for a referral if you need help in reducing the amount of alcohol you drink.

Using tobacco when you've got Hep C

Those of us who smoke have probably seen enough warnings on cigarette packets to have a least a vague idea of what smoking can do.

As far as Hep C is concerned, smoking can lead to a worsening of gum conditions and dry mouth associated with Hep C. Some evidence also suggests that smokers who are Hep C positive have higher rates of some cancers.

There is currently no evidence to suggest that using tobacco has any significant effect on progression of liver disease.

Injecting when you've got Hep C

The problems that might arise when we've got Hep C and continue injecting are more about what substance is being injected and how we inject. All the drugs we take get processed in the liver. So, depending on the state of your liver, how much of and which drug you're taking, injecting can put unnecessary stress on the liver.

Unsafe injecting and sharing of equipment and tastes puts you at risk of getting another strain of Hep C in addition to the one you may already have. If you inject after you have cleared the Hep C virus, you can be reinfected with Hep C.

Illicit drugs and Hep C treatments

Hep C affects the liver and people who are having Hep C treatment usually have some degree of liver damage. The body uses the liver to break down (process, use, get rid of) the drugs that we take, including prescription drugs, alcohol, heroin, speed, etc. The amount of damage your liver has will affect how well it can deal with some of these and other drugs. The interactions that may normally be fairly harmless might become more serious.

If your liver is not working well, taking these drugs could have a negative impact. For example, heroin and morphine are not of themselves damaging to the liver, but the stuff they're mixed with can be. Speed (meth, ice, etc.) can damage the liver. Taken in large quantities, cocaine

and ecstasy have been known to cause liver toxicity and liver failure. Hallucinogenic mushrooms contain many chemicals that the liver can't deal with well. Take special care with anything that causes dehydration. It's hard to make generalisations, because much depends on how healthy the liver is in the first place and how much of the drug in question is being taken.

If you trust your doctor it might be worth telling them about your drug use. This is important when they are prescribing medication for you. It is likely that they will suggest that you stop or reduce your illicit drug use during therapy. Of course, the decision is up to you.

If you want to know more about how a particular drug might affect your liver, we suggest getting in touch with your local drug-user group or Hepatitis Council, your local needle & syringe program or drug and alcohol service and discussing your situation with them.

Using cannabis when you've got Hep C

Using marijuana on a daily basis has been linked with the progression of liver fibrosis in people with Hep C.

However some people use cannabis to help relieve the symptoms of Hep C and/or the side effects of treatment. In this case, you can look for alternatives to marijuana, or make a decision based on your quality of life. If you have an understanding doctor, you might like to talk to them about using cannabis.

Other lifestyle factors

Dental care/dry mouth

Many people with Hep C have problems with dry mouth. It could be caused by, or made worse by certain medications like methadone or anti-depressants. Having plenty of saliva means that there's lubrication for speech, taste and chewing food. It also helps prevent bacteria, viruses and fungi from causing infections in the mouth, as well as preventing tooth decay and gum disease. You can increase the levels of saliva in your mouth by taking frequent sips of water and/or chewing sugarless gum.

People who have dry mouths or are taking certain medications (e.g. interferon) can be susceptible to getting mouth ulcers and/or thrush (Candida) in the mouth. Mouth ulcers that can't be relieved by being treated with chlorhexidine gel should get checked out by a dentist.

A daily dose of good quality yoghurt with live cultures in it may help with thrush. In some cases, an antifungal medication may be necessary to clear it up.

Getting rest and sleep

For the large majority of us, rest and particularly sleep, are essential for normal functioning of our bodies and brains. Getting a good night's sleep can be just as important as good food and exercise. People with Hep C often have disturbed sleep and night sweats, which, as for anyone, can make them irritable, depressed, stressed and just plain tired. Lack of sleep can lower energy levels and our ability to cope, which in turn affects how well we sleep. It's a cycle that's hard to break.

If you have Hep C and having difficulties with sleep, get in touch with your local user organisation or State/Territory Hep C Council (see Contacts) for some tips on improving the chances of a good night's sleep.

Getting physical exercise

Physical exercise can help relieve tension and improve overall levels of health. For people with Hep C, daily low-impact activities can over time help build or maintain their fitness. But don't overdo it. Listen to your body and if you feel ill and need rest, take it easy.

Exercise stimulates the lymph system, which helps to remove toxins from the body. This in turn boosts the immune system, helping your body to cope with Hep C, reducing stress and improving your general well-being.

Stress and emotional well-being

These days, some consider stress a normal response to lifestyle, work and living in general and if it's handled well, not necessarily an entirely negative thing.

But when pressure is ongoing, increasing or unchecked, the impact on

physical and mental health can be severe. Symptoms like insomnia, headaches, neck, shoulder and back pain, heart palpitations, fatigue, irritability, panic attacks, loss of concentration, low-esteem, changes in appetite, diarrhoea, abdominal cramps, even increased desire for drugs (including alcohol and tobacco) may be indications of stress.

For many, living with a chronic illness like Hep C can be stressful in itself. Coping with its physical affects may require some adjustments to how you live. This is also true with respect to the negative feelings about having Hep C in the first place.

Some of us have found that being informed about where we are in relation to Hep C helps establish a foundation for getting over that stress. Other strategies that various people have used include: physical exercise, rest and relaxation, massage, talking things over with friends, counsellors, social workers and therapists, good diet and nutrition and that old chestnut, “developing a healthy attitude”.

Disclosure - telling others about having Hep C

“Disclosure” means telling people something about yourself, in this case that you have Hep C. For some it can be daunting - we worry how



people will react or if they'll treat us differently. And there's always the threat of discrimination. But disclosure can have benefits too.

Friends and family who know what's going on with us, can be a great source of support. Here are some things to think about:

- Knowing something about Hep C can be useful when you're telling someone that you've got it. Accurate information can help correct misconceptions about people with Hep C and Hep C in general (e.g. how it can be spread). Give the person time to come to terms with this new information. It may help to give them a contact for further information, such as a Hep C helpline (ph 1300 Hep ABC)
- When we tell people we've got Hep C, some are going to ask or make assumptions about how we got Hep C in the first place. If you've got Hep C through injecting, do you feel comfortable talking about that too?
- Some find it helpful to practice disclosing in their mind or to a friend, confidant, counsellor, or hepatitis worker, before disclosing to others in their life
- Choose your time carefully. Some times are better than others for telling people intimate things about your life and situation. It's good to have the discussion when there's time to give the subject time and attention
- When you're disclosing, have a way to get in touch with a supportive person/people if the need arises. This kind of support can help whether the person you're telling has a positive or negative reaction
- Different people will react differently. If someone reacts negatively, it's important to remember that this is not a reflection on you and you are not responsible for their reaction

There are a small number of situations in which you may be required by law to tell others you have Hep C:

- If you're giving blood to the blood bank, donating body organs or other body fluids (e.g. sperm). Blood banks will not accept donations from people with Hep C. All the blood they do receive

is screened for a range of blood borne infections, including Hep C

- Health care workers who are HCV RNA positive must immediately cease 'exposure-prone procedures'. There is no obligation to inform their employer but they have a professional obligation to seek formal advice about personal care, monitoring and work practices from a medical practitioner with appropriate expertise. In some jurisdictions, a health care worker has a legal responsibility to report their BBV status to their professional board. Following successful treatment (indicated by 2 negative HCV RNA tests at least 6 months after treatment) health care workers may be able to resume 'exposure-prone procedures' on the advice of the treating clinician.
- Some insurance policies, (e.g. life insurance) require you to disclose any infections, disabilities, or illnesses that might influence the insurance company's decision to insure you. Not disclosing this information may affect any future claims you make
- If you are a member of the Australian Defence Force, you are required by Defence regulations to declare your health status with respect to disease, illness or injury. The purpose of this declaration is to ensure that you receive appropriate health care and that you are employed in a manner which does not jeopardise your health or safety or that of others. If you want to join the Australian Defence Force, you are required by law to disclose any existing medical conditions on application. If you are found to have hepatitis C whilst serving you will be given appropriate clinical management and a decision on your future career is decided on a case by case basis taking into account factors such as the outcome of your treatment.

Disclosing to sexual partners

Hep C is not classified as a sexually transmissible infection. In the rare cases where Hep C has been passed on during sexual contact, it has involved blood-to-blood contact. This can happen, for example, during rough sex or if one or more partners have an STI (sexually transmitted

infection) where sores or broken skin is present.

If there's the risk of blood-to-blood contact during foreplay or sex, or a risk of sexually transmissible infections, we recommend that you follow safe-sex practices, such as using condoms.

If you are practicing safe sex, whether or not to disclose your Hep C status to a sexual partner is your choice.

Disclosing to health-care workers

You are not required to disclose to health care workers about Hep C unless you are about to donate blood, body fluids, or body organs. All health care workers are required to follow standard infection control procedures. This means that they have to assume all blood is infectious and take all necessary precautions to ensure their own safety and that of their patients.

Given that there have been reported cases of health care workers discriminating against people with Hep C, you may decide not to disclose if your quality of care is going to be affected by your Hep C status.

Sometimes people with Hep C will find certain prescription medicines damaging to the liver. If you've got Hep C and are given medications, it's useful to find out how they are likely to affect your liver.

Disclosing at work

You don't have to tell an employer about your Hep C status unless you work in, or are about to join, the Australian Defence Force (ADF), a police service or are a healthcare worker who performs exposure prone procedures.

Some employers (e.g. ADF, police) ask job applicants to answer questions about their health. Unless it is relevant to your ability to meet the essential requirements of job, you do not have to answer any questions about Hep C.

Even if you have to take time off work due to Hep C or treatment for Hep C, if you are not comfortable disclosing, you can inform your employer that you have another condition or need to take time off for another reason.

Any information that you give to your employer or other people you work with about your health is private and confidential and cannot be passed on without your permission.

Most States have confidentiality laws that prevent people in the course of their work (e.g. doctors, nurses and other health care workers) from telling people about your Hep C status. These laws do not apply to ordinary members of the public (e.g. friends, family and acquaintances).

If you are in any doubt about disclosing to others, it is recommended that you don't and that you get some advice.

If you have any questions with regard to disclosure of your Hep C status, contact your local Hep C Council or drug user organisation (see the Directory at the back of this handbook).

Managing Hep C symptoms

People with Hep C can experience a range of symptoms at various times:

- flu-like infections lasting a few days to a week
- fatigue and sleep disturbances
- dry mouth and mouth ulcers
- dry eyes
- mood swings, anxiety and depression
- changes in ability to think and function
- nausea and poor appetite
- pain/discomfort in the liver
- muscle and joint pain
- fever and night sweats
- skin conditions

Sometimes it's difficult to tell if these symptoms are directly related to Hep C. There are things we can do ourselves to manage these. It can also be useful to talk these over with your doctor to find what the

causes might be and what might be done to alleviate them. Alternately, some people have found complementary/alternative therapies useful in managing some symptoms.

For more information, contact your State/Territory Hep C Council or local user organisation (see the Directory at the back of this handbook).

A word about pain management

People with chronic Hep C can sometimes experience episodes of abdominal pain, especially on their right side below the ribs where the liver is located, as well as joint pain, headache and pain in muscles and joints. And of course, people with chronic Hep C suffer from the same sprains, strains and body aches as everyone else.

If your liver's in relatively good health and you've got Hep C, pain relief medicines, both over-the-counter and on prescription, are usually ok for treating temporary liver pain, but there are exceptions - if you've got a damaged liver, many over-the-counter medications can be harmful, (eg. paracetamol).

If you've got access to sympathetic medical advice, we think it's worthwhile discussing symptoms and pain management options with your doctor or complementary/alternative therapist.

Hep B

Like Hep C and Hep A, Hep B is a virus that affects the liver. It is the most common of the hepatitis viruses. Between 90,000 and 160,000 Australians are thought to be living with chronic Hep B infection.

What does Hep B do?

When it enters the body, Hep B travels via the bloodstream to the liver, where it attaches itself to healthy liver cells, enters them and multiplies. This causes a reaction in the immune system, though people are often unaware they have been infected with Hep B at this stage.

The symptoms of Hep B include loss of appetite, nausea and vomiting, tiredness, abdominal pain, muscle and joint pain, yellowish eyes and skin (jaundice), dark urine and pale-coloured faeces are often not present until about 12 weeks after exposure, when the infection

becomes acute. Some people become very sick. However, not everyone gets these symptoms. Many don't know they have Hep B.

Most adults (about 95%) who get Hep B clear the virus within 6 months. A small number (about 5%) will go on to develop chronic (ongoing) Hep B infection.

Some people with chronic (long-term, ongoing) Hep B infection will not be aware they are infected. Others may experience symptoms like tiredness, depression, irritability, pain in the liver (upper right side of abdomen), nausea, vomiting, loss of appetite, joint aches and pains. Long-term Hep B infection can lead to cirrhosis (scarring of the liver), liver cancer or liver failure if it is not diagnosed and managed. About 20%-30% of people with chronic Hep B eventually get serious liver disease.

People who have recovered from Hep B or have been vaccinated against Hep B are immune from further infections of Hep B.

How do you get Hep B?

Hep B is found in blood and body fluids, including saliva, semen, vaginal secretions and breast milk. It is a blood borne and sexually transmitted infection. The most common ways of getting Hep B include:

- unsafe sex
- unsafe injecting
- household transmission - through the use of razors or toothbrushes that have traces of blood with Hep B on them, or by getting Hep B positive blood in cuts or wounds during first aid

Hep B is not spread by contaminated food or water and cannot be spread through casual or social contact such as kissing, sneezing, coughing, hugging, or eating food prepared by a person who has Hep B.

How do you know if you've got it? Testing for Hep B

There are a variety of blood tests for detecting Hep B. They are used to find out if someone currently has a Hep B infection, how active the infection is, or if the person has had Hep B in the past and cleared the virus. Liver function tests can tell if someone needs treatment, or if the

treatment they are using is working.

Testing is available through GPs and most general health clinics, including sexual health clinics.

How can Hep B be treated?

People who are immune to Hep B do not need treatment. People with chronic Hep B infection and no liver damage do not need treatment, but will benefit from close monitoring with regular (6-monthly) liver tests. Someone with liver damage from Hep B infection should certainly consider having treatment.

There are several kinds of treatment available through the Pharmaceutical Benefits Scheme (PBS), depending on how Hep B is affecting someone.

For more information on Hep B treatment, see your GP or contact your local Hepatitis Council or drug user organisation (see the Directory at the back of this handbook).

Disclosure

People with Hep B do not have to inform employers of their infection. There are no specific employment laws for people with Hep B.

If someone with chronic Hep B infection lets family members and sexual contacts know about their situation, those people can consider getting a Hep B vaccination.

Vaccinations for Hep B

You can be vaccinated against Hep B either by itself or in combination with Hep A.

The Hep B vaccination consists of 3 injections. These are usually spaced out over 6 months, but you can have an accelerated vaccination schedule that involves the 3 injections over 3 weeks. For the fast 3-week schedule, a booster is recommended at 12 months.

There is currently a combined Hep A/Hep B vaccine available in most parts of Australia. The combined vaccination is highly recommended for injecting drug users. A second dose of the combined vaccine is required for long-term protection.

Vaccines are available through your GP, as well as community health and sexual health clinics. Some States and Territories offer free vaccination to people at risk of infection. These include people who inject drugs (see table below).

Access to Hepatitis B Vaccine for IDU by State/Territory

State/Territory	Situation re: Hepatitis B Vaccination for IDU
South Australia	Free to IDU (2008)
Northern Territory	Free to IDU (2000)
New South Wales	Free to IDU if clients of NSW sexual health clinic and/or NSW public methadone clinic (2001)
Western Australia	Free to IDU if clients of sexual health clinic, methadone clinic, WASUA or newly diagnosed with hepatitis C
Victoria	Recommended for IDU, limited free access
Queensland	Recommended for IDU but not listed as free
ACT	Recommended for IDU but not free
Tasmania	Recommended for IDU but not listed as free

Vaccination and co-infection

If you have Hep C and Hep B, you are said to be co-infected with these viruses. Having Hep B and Hep C co-infection can mean faster progression of liver disease. If you have Hep C (or HIV), it's a very good idea to get vaccinated for Hep B.

Hep A

Hep A is a virus, that, like Hep C, affects the liver. It can survive in the environment on hands for several hours and in food kept at room temperature for considerably longer. In Australia there have been fewer than 300 cases reported for the past three years. Once you've had Hep A you can't get it again.

What does Hep A do?

Hep A can cause a severe, but relatively short, infection in the liver.

The period between exposure to Hep A and developing symptoms is usually around 30 days, but can vary between 15 and 50 days.

The majority of adults who get Hep A will show symptoms like fever, weakness, fatigue, loss of appetite, nausea, joint aches and pains, vomiting, yellowish eyes and skin, dark urine and pale-coloured faeces. Despite usually being a short-lived illness, Hep A infection can be serious for some. Not everyone with Hep A has obvious symptoms. Some have wondered if the real number of new infections may be higher because people don't know they have it and do not get tested.

How do you get Hep A?

You can get Hep A if you get particles of faeces from an infected person in the mouth. This can happen when:

- you use food, liquid, or eating utensils that have been in contact with an infectious person
- you touch nappies, linen and towels that have the faeces of an infectious person on them
- you have direct contact (including sexual contact and especially rimming) with an infectious person

How do you know if you've got Hep A? Testing . . .

There are two kinds of Hep A antibodies. One kind of antibody is present when the infection is in full swing.

The other kind remains after the infection and shows that that person is immune.

You can get tested for Hep A through your GP or any general health clinic.

How can Hep A be treated?

There are no medical treatments available for Hep A. The symptoms can often be relieved by rest and good fluid intake. Alcohol is not recommended for people with Hep A.

Is there a vaccine for Hep A?

Currently in Australia we have three Hep A vaccines (two of which

have junior versions.) There is one combination vaccine with Hep B (Twinrix™) and one combination vaccine with typhoid (Vivaxim™). Vaccines are available for people 2 years and older. A second dose of the vaccine is required for long-term protection.

People who inject drugs, men who have sex with men, travellers and long-term visitors to developing countries are recommended to have a combined Hep A/Hep B vaccine. Pregnant women should delay immunisation until after delivery of the baby unless there is a substantial risk of exposure. People who are in close household or sexual contact with someone with Hep A should get a normal human immunoglobulin shot within two weeks of exposure.

This will protect them for approximately 6 weeks. Hep A vaccines can be given at the same time as the immunoglobulin.

Where to get the vaccine?

The vaccine is available from your local GP.

Want to know more?

Contact your local user group (see the Directory at the back of this handbook).

Other types of Hepatitis

Other forms of hepatitis have been identified in the past few years. The most important are Hep D and Hep E.

Hep D is found in blood. It is confined to people who also have Hep B, it seems that it is spread similarly to Hep B and that infection occurs at the same time as Hep B infection.

It can be spread through shared injecting equipment. Although the least common kind of hepatitis and relatively rare in Australia, Hep D can cause very severe hepatitis.

There are tests available to detect the presence of Hep D antibodies, but as yet no specific treatments are available. The good news is that vaccinations against Hep B also protect against Hep D.

Like Hep A, Hep E can be spread by eating food or drinking water

contaminated with small particles of faeces from an infected person. It can cause a short but severe illness, which can be fatal, especially in pregnant women. A very small number of cases have been reported in Australia.

Want to know more?...

Contact your local user Group (see the Directory at the back of this handbook).

HIV & what it does

The Human Immunodeficiency Virus (HIV) attacks the body's immune system which protects us against bacteria, viruses and substances that appear foreign and harmful.

For HIV to be transmitted, a sufficient quantity of the virus needs to be passed from the bloodstream of an infected person into the bloodstream of another. The bodily fluids which can contain HIV in these sufficient quantities are blood, semen, vaginal fluids and breast milk.

Once inside the bloodstream, HIV targets the blood cells which make up the immune system, infects them and begins to multiply. Over time and without treatment HIV diminishes these CD4 (or T-helper) cells to such an extent that they are unable to fight off infection and this leaves the body susceptible to disease.

Shortly after someone has been exposed to HIV they may experience severe flu-like symptoms, perhaps accompanied by a rash. This is known as a seroconversion illness. Some people don't go through a seroconversion illness so the only way to be sure that HIV infection has taken place is to have a HIV test. When someone has been recently infected with HIV they are especially likely to pass on the virus to others – not only because they may not realise they have HIV but also because the levels of HIV in their body are especially high during seroconversion.

Many people with HIV remain well and symptom-free. HIV can live in the body for years without causing obvious damage. But over time, people

may experience diarrhoea, minor skin and mouth infections, fatigue, night sweats and persistently swollen glands. Without antiretroviral treatment, HIV eventually causes the immune system to break down to a point where the body cannot cope with illnesses and infections.

HIV & AIDS

A person with HIV is described as being HIV-positive which means that they have been exposed to HIV and antibodies have been detected in their blood.

A diagnosis of AIDS (Acquired Immune Deficiency Syndrome) is only applied when someone with advanced HIV infection has contracted an opportunistic or AIDS-defining illness. Since the advent of Highly Active Antiretroviral Therapy (HAART) in 1996, people do not advance to AIDS as often as they used to.

The term 'HIV/AIDS' is becoming outdated and the appropriate current term is people living with HIV or people with HIV.

How HIV is transmitted

Anal and vaginal sex can transmit HIV to either receptive or insertive partner. In Australia, unprotected anal sex between men remains the most common way HIV is transmitted. This is because the majority of people with HIV in Australia are men who have sex with men. Condoms used with water-based lubricant remain the best protection against transmission of HIV and other sexually transmitted infections (STI) during anal and vaginal sex.

Reusing injecting equipment is a very efficient way of transmitting HIV. Small amounts of blood can remain in a fit and if it is reused by someone else this blood can be injected directly into their bloodstream. In the course of injecting, blood can also get into water and on to spoons, filters, tourniquets and other surfaces therefore it is recommended that new equipment is always used by each person involved.

Mother to child transmission may occur during pregnancy, birth or breastfeeding. The chance of transmission is greatly reduced

when the mother receives appropriate antiretroviral treatment, has a Caesarean birth and doesn't breast feed.

Tattooing, body-piercing, pearling, 3D implants, scarification or any activity that involves puncturing the skin has the potential to transmit HIV. Commercial practices that offer these services must follow strict infection-control guidelines.

Needle-stick injuries occur frequently to people working in health care however only a small number have ever contracted HIV through this type of exposure.

Oral sex is considered low-risk for transmitting HIV but semen in the mouth does pose some risk particularly when there are cuts or sores in the mouth.

Sex toys such as vibrators and dildos can spread a range of infections, including HIV. Thoroughly washing them and changing the condom between users will considerably reduce the chance of HIV infection.

Esoteric sexual practices that involve breaking the skin surface pose an HIV infection risk and should always be practiced safely.

How HIV is not transmitted

- Kissing
- Touching
- Shaking hands
- Hugging
- Mosquito bites
- Swimming pools
- Public toilets
- Household contact such as sharing cups, plates and cutlery

Post exposure prophylaxis

Despite many years of research, there is no effective vaccination for HIV. However, if you have had a high risk exposure to HIV there is a treatment available which will reduce your chance of seroconverting if taken within 72 hours after the event. It is called Post Exposure Prophylaxis (PEP) and involves taking a series of HIV antiretroviral drugs for a number of weeks. This treatment is best accessed from the accident and emergency department of your nearest hospital.

The HIV antibody test

The HIV antibody test is a widely-available blood test to find out if you have HIV. The immune system of a person who has been exposed to HIV will develop antibodies to fight the infection. These are what the HIV antibody test looks for.

As with hepatitis C, there is a window period between the time that HIV enters the body and when antibodies start to appear. This time can vary but is usually between ten days and three weeks. It can take up to six months for HIV antibodies to be detected with a HIV test.

HIV antibody tests are usually done free by GPs, sexual health clinics and family planning services. You should be asked for your consent for the HIV antibody test to take place. The results take about a week to come back and they should not be given to you by telephone or by a receptionist but in person at a post-test discussion.

Pre- & post-test discussions

Services that do HIV antibody testing are required to provide information and counselling sessions both before and after the test.

The pre-test discussion explores the activities that might have exposed you to HIV, the impact that a positive or negative result might have on you, your sources of support and other health matters.

The results of the test should be given to you in person at a post-test discussion and this provides the opportunity to discuss HIV, STI and other blood borne virus prevention plus get referrals to a counsellor, drug user organisation, AIDS council or dietician if needed.

If you've received a negative result at the post-test discussion, another HIV test may be needed in three month's time. A second negative test

confirms that you are HIV negative provided you haven't been exposed to HIV within that three-month window period.

If your test is positive, another test will be ordered to confirm the result. If the second test shows the same result, it means that you have HIV. It is usual to feel overwhelmed at a positive test result. HIV can affect your physical and mental wellbeing, relationships, finances, work and ideas about the future.

You have every right to take as much time as needed to sort out whom you are going to tell and how. But keep in mind that any of your sexual or injecting partners who may have also been exposed need to be encouraged to get tested. There are a number of ways this can happen and you don't have to be the one who contacts them.

Learning more about HIV and how others live with the virus is something that many people have found useful. Check out the Directory at the back of this book for your local drug-user organisation, AIDS council or HIV positive group.

Treatments for HIV

Since 1996, the lives of people with HIV have been significantly changed by Highly Active Antiretroviral Therapy (HAART). There are now a range of drugs that used in combination can target HIV at different stages of its life cycle. The number of deaths from AIDS has fallen dramatically since these drugs were introduced so now people with HIV have a much longer life-expectancy.

CD4 cell counts indicate when treatment should start and viral load tests, which measure the amount of HIV in the bloodstream, show whether the treatments are working. Some people develop resistance to certain treatments and have to change the drugs they're taking. If you don't understand the meaning of these and other tests, ask your doctor to explain what they mean for you.

These days we also have a clearer idea of the side effects of these drugs and how they can be managed.

Managing HIV & treatments

Having check-ups every three months is a good way to get early warnings about changes in your health and give you time to decide

what to do about them. Most people with HIV are monitored by general practitioners (GPs) with experience in treating HIV. These GPs will keep an eye on the following:

- The amount of virus in your body - viral load tests
- The health of your immune system - CD4 or T-cell tests
- Other sexually transmissible infections
- Hepatitis B and C and the health of your liver
- Dental health - especially important if you're using certain illegal drugs or are having drug treatment like methadone
- Pap-smears for women
- General health

HIV treatments and the healthcare system are far from perfect. For some people, beginning treatment raises a number of issues that are best discussed with someone familiar with your situation. State-based drug-user organisations and HIV positive groups are good places to find people like this.

Adhering to treatments

Once you start taking HIV treatments it is important to keep taking them as prescribed. When you miss doses, you lower the amount of antiretroviral in your blood and risk allowing the virus to replicate.

If you do miss a dose, do not double your next dose but take it at the usual time. Look at the reason why you missed the dose and think about ways you can avoid letting this happen again. Dosette pill boxes are a good way of keeping track of your pills and may make it easier for you to adhere to a treatment regimen.

HIV & sex

Some people find it hard to relax about sex when there is the fear they may transmit the virus to someone else. Understanding which sexual practices are safe and sticking to them can relieve this fear. Talking with counsellors and other people living with HIV can also help.

Some people think that HIV can not be sexually transmitted when it is being successfully suppressed by treatments. There is not enough evidence to support this and we should never put anyone else at risk based on this theory.

HIV & other STIs

Some STIs make it easier to get HIV, or pass HIV on to others:

- The presence of inflammatory STIs (chlamydia or gonorrhoea), or an ulcerative one (genital herpes, or syphilis) increases the risk of passing on or getting HIV. This is because HIV is more concentrated at the site of infections
- STIs can also dramatically increase HIV viral load. Having gonorrhoea on your penis can cause a rise in HIV in semen and pre-ejaculation. An increased viral load means there is a greater risk of passing HIV on if you are having unsafe sex
- Women suffer from the same complications of HIV infection as men but also suffer gender specific manifestations.
- Genital and anal herpes increase blood levels of HIV. Herpes also causes an increase in the concentration of HIV at the site of the herpes infection. This occurs whether there are symptoms (blisters) present or not. In fact, most herpes outbreaks are asymptomatic

STIs may be more severe and more difficult to treat if you are HIV positive:

- Genital and anal herpes outbreaks happen more often if you are HIV positive and outbreaks tend to last longer if you are not on HIV treatments. Also resistance to drugs used to treat herpes is more common if you have a damaged immune system

Syphilis acts more quickly if you have HIV and is more likely to cause damage to your nervous system if it isn't treated early. If it is not treated, syphilis may eventually damage your internal organs, including your brain, spinal cord and heart.

- Treatment of hepatitis C is less successful if you have a low CD4

count and it may not be possible to clear the virus

Regular sexual health checks are particularly important for HIV- positive men and women.

HIV & illicit drug use

We know that many illicit/recreational drugs can have a negative effect on your health. When they're taken in moderation the effect can be lessened but it can't be avoided completely.

The situation is complicated if you are HIV positive and even more so if you are taking HIV antiretrovirals. As well as risking adverse drug interactions, taking recreational drugs increases the chance you will miss doses of your HIV treatments. Remembering to take antiretrovirals on time is perhaps the simplest and most effective form of harm reduction when using recreational drugs.

Plan ahead and develop strategies to ensure you don't miss doses. If your drug use is causing you to miss doses frequently, there's a real risk that you could develop resistance to your treatments and your health could suffer enormously.

Drug interactions can also occur between antiretrovirals and illicit drugs. These depend on:

- the level of HIV antiretrovirals in the body (largely a matter of when the last dose was taken)
- how well the liver breaks down certain drugs (there's no way of knowing this on an individual basis)
- the potency, purity and amount of the illicit/recreational drug (often unknown)

Although we are aware of some interactions between specific drugs, there is always potential for new interactions, plus the strength and purity of illicit drugs can vary as can the substance used as a cutting agent.

Ritonavir (Norvir) is often included in a treatment regimen because it helps boost the action of the other treatments. This means it can also push up the level of other drugs including MDMA (ecstasy) and methamphetamine (speed, ice, crystal) to dangerous levels.

Efavirenz (Stocrin) can make some people feel dizzy or disoriented and these reactions can be intensified if taken with illicit drugs.

Reducing the amount of illicit drugs to a third or a quarter as well as taking it and your antiretrovirals a few hours apart will reduce these risks plus give your liver a better chance of breaking down each drug separately.

For information on specific interactions visit:

www.hiv-druginteractions.org

The safest course is not to use illicit/recreational drugs with prescribed HIV medications. If you do, discuss the subject of interactions with a doctor who has some specialist HIV knowledge. They may be able to provide you with more specific information.

The following may also help:

- Reduce the amount of any illicit drug you take. Some HIV drugs increase the effect of illicit drugs leading to the kind of problems that come with using too much of the drug e.g. vomiting, nausea, passing out and overdosing
- Take the illicit drug at a different time to your HIV drugs
- Drink about 600 mls of water per hour to prevent dehydration
- If you think you're experiencing a drug interaction (nausea, vomiting, dizziness, about to pass out) call an ambulance or get yourself to a medical centre or hospital casualty

Telling people you have HIV

Having someone to talk to about being HIV positive is very important to many people with HIV. But some people do not handle this information very well and may require more support than you are able to offer. Before

telling anyone, ask yourself whether they need to know, how much you trust them and how telling them might affect your relationship.

- You can't take back disclosure
- Choose the people you tell, carefully
- If you think someone will react badly, wait until you feel more confident that you can deal with the situation. Or choose not to tell that person
- Remind the person that the information is confidential but understand that they may need to talk about it. Be prepared to suggest others they could seek for support
- Having some knowledge about HIV can be useful. Accurate information can help correct misconceptions. If you can't answer their concerns at the time, tell them you will get back to them with the answer
- Some people find it is useful to rehearse what they're going to say

Some people have found that good support can come from outside their own circle and choose to limit their disclosure to counsellors or others they have met through AIDS Councils or HIV positive organisations.

You do have certain responsibilities relating to the transmission of HIV and in some States you are legally required to tell any sexual partner even if you intend to practice safe sex. Because these laws vary from State to State, we recommend checking with your local drug-user or HIV positive organisation to find out where you stand. In the past few years, some cases where people have not disclosed have ended up in court.

People with HIV cannot donate blood, semen, body organs or body tissues. People applying for permanent residency must provide the results of an HIV antibody test. Some life insurance and superannuation companies ask about HIV status. Some may refuse to insure you if you are HIV positive or if you refuse to tell them your status.

Members of the Australian Defence Force and police services (and their recruits) are required to disclose their HIV status as well as other medical conditions. The ADF and police services make decisions on whether someone with HIV can remain in the force on a case-by-case basis.

Most States have confidentiality laws that prevent doctors, nurses and other workers from telling people not directly involved in your health care about your status. These laws do not apply to ordinary members of the public.

When you've got Hep C & HIV

Some of us have got to live with more than just Hep C. There's also HIV and Hep B. Infection with more than one virus is often referred to as co-infection.

Hep C & HIV

About 13% of the people living with HIV also have Hep C. We don't know much about how Hep C affects the course of an HIV infection. Sometimes, due to HIV infection, getting accurate readings on the presence of Hep C can require more than the usual blood tests. Current research suggests that HIV aggravates Hep C-related liver disease and can speed up the progression to cirrhosis and liver cancer.

People with HIV can be treated for Hep C, but it can be more complicated than treating each condition on its own. Because some HIV treatments put great strain on the liver, they're not recommended for people who also have Hep C.

If you've got both Hep C and HIV it is important to find a doctor with experience in co-infection and HIV. (AIDS Councils and Hepatitis C Councils will be able to suggest appropriate doctors). Regular liver function tests are an important part of the treatment regime. So is avoiding unnecessary damage or stress to the liver.

Hep C & Hep B

There has been relatively little research on co-infection with Hep B and Hep C. Because of the way the viruses work, one sometimes dominates the other, making both testing and treatment more complicated.

Having both Hep B and Hep C can lead to severe liver disease, including cirrhosis, liver failure and liver cancer.

The treatment for Hep B/Hep C co-infection does not yet have a long track record. At present, the treatment focuses on which ever virus is dominant. There have been encouraging results in trials of treatments for people in whom Hep C dominates. When Hep B dominates, the treatment options are less clear.

Regular liver function tests are an important aspect of the treatment regimes. So is avoiding unnecessary damage or stress to the liver.

Gender considerations around Hep C & HIV

Hep C & women

Women with Hep C face a number of challenges around their reproductive and sexual health. However, the impact of Hep C on reproductive and sexual health is not well understood and needs further research. What do we know so far?

Menstruation. Because Hep C is passed on through blood-to-blood contact and menstrual fluid contains blood and other body fluids, in theory there's a risk of passing on Hep C through contact during menstruation. But the risk seems to be extremely low. There is no evidence that sex during menstruation increases the risk, although, again, in theory, if the sexual partner has open cuts, wounds or abrasions, the risk will be higher. Using dental dams and condoms will reduce the risk of blood-to-blood contact during sex.

Following standard precautions for infection control during menstruation e.g., disposing of tampons and sanitary pads in hygienic disposal units or in leak-proof plastic bags in the rubbish will also lower risk.

Although some may find they miss a period or have shorter periods, most women's periods will not change when they have Hep C.

Birth control. For most women with Hep C, the oral contraceptive pill

seems to work ok. However, when the liver is badly damaged, it may be unable to break down the hormones present in the contraceptive pill and in hormone replacement therapy (HRT). Women whose livers are severely damaged or experiencing difficult symptoms are advised to consult their doctors about contraception.

Menopause. The hormones present in hormone replacement therapy (HRT) can cause problems for women with Hep C. Not all the hormonal changes experienced by Hep C positive women are due to the presence of Hep C. We recommend seeking medical advice for problems associated with menopause and HRT.

Pregnancy. Hep C does not reduce the chance of a Hep C positive woman becoming pregnant.

Women with low levels of Hep C in their blood (low viral load) are unlikely to transmit Hep C to their babies. Women with high levels of the virus, those with severe liver damage and those in the early acute phase of infection, have a higher risk. A Hep C positive woman is more likely to transmit the virus to her baby during birth than while she is pregnant.

In most cases, babies born to Hep C positive mothers will inherit the mother's Hep C antibodies, not the virus itself and test antibody positive until about 15-18 months old, when the antibodies disappear naturally. Testing for babies for Hep C is not recommended until the child is about 2 years old.

Breastfeeding. There are no confirmed reports of Hep C being passed from a Hep C positive mother to her baby through breast milk. However, the risk of blood-to-blood contact, if the mother's nipples are cracked or there are small tears or scratches in or around the baby's mouth does present a risk. Hep C positive mothers who are breastfeeding are advised to express and discard their breast milk while their nipples are cracked and talk to a breastfeeding counsellor or nurse lactation consultant about how to prevent cracked nipples.

Through the experiences of HIV positive women and their doctors, we now know that HIV affects women in many of the same ways as it affects men. But it can also affect some women differently for example, with hormones, weight and body shape, the reproductive system, menstruation and menopause, lifestyle and social circumstances.

They may experience menstrual irregularities such as an increased or decreased blood flow, missed periods, cramps and increased premenstrual tension, although it is not known whether these are caused by the virus or the drugs taken to fight the virus. There also seems to be a higher incidence of cervical cancer in HIV positive women, linked to the presence of the human papillomavirus (HPV), a sexually transmitted virus that causes genital warts. You may have been exposed to this virus even if you've never had warts. A simple biopsy procedure can tell if you've been exposed to HPV and which strain of the virus you might have. It is very important that HIV positive women have regular Pap smears - at least once a year.

Some HIV positive women get thrush when the levels of a naturally occurring yeast, candida albicans, multiply and get out of control. A range of topical treatments, some of them natural therapies, can be useful.

Being diagnosed with HIV does not mean the end of your sex life, although some women may find that during stressful times, periods of feeling unwell, or adjusting to an HIV diagnosis, they feel less interested in sex. Research shows that HIV positive women often lose interest in sex for the first year or so after diagnosis, but for most, sexual desire does return.

Many women have found that learning to talk about sex and negotiate safe sex with a partner can be difficult. Talking to counsellors or other women living with HIV/AIDS may help. So too will understanding the ways in which HIV can be transmitted, which sexual activities are safe and which ones pose risk. (See the Directory at the back of this handbook).

There's a small but growing amount of information specifically dealing with how HIV antivirals affect women. For example, some doctors

believe that, in the past, standard doses of antivirals may have been too high for women, leading to more severe side-effects. Some HIV medications are known to make the contraceptive pill less effective. Your doctor can advise you whether you need to change the type or dose of contraceptive pill, or use other methods of contraception.

While there are only a small number of women with HIV in Australia, State AIDS councils and People Living with HIV/AIDS (PLWHA) groups are becoming increasingly aware and helpful for HIV positive women. Most States and Territories have support groups and organisations specifically for HIV positive women. (See the Directory at the back of this handbook).

If you're HIV positive and pregnant, or thinking about getting pregnant, it may be advisable to talk to a doctor who can help you manage the pregnancy in the safest way. State-based positive women's groups, AIDS councils and PLWHA organisations can make referrals.

A baby can get HIV from its mother during pregnancy, during labour and delivery and through breast-feeding. But the risk is very low when the mum's viral load is low or undetectable, her CD4 count is high, she uses HIV antiviral medications during the pregnancy and delivery, she has access to good obstetric care, she has the birth by Caesarean and she does not breast feed. In Australia, many HIV positive women have had HIV negative babies.

There is no evidence that pregnancy leads to higher levels of HIV or faster immune system damage, unless a woman is ill with AIDS-related conditions. Although a HIV positive woman's immune system is under pressure when she is pregnant, it bounces back after having the baby.

Recognising problems & how to deal with them

This chapter covers some of the main hazards of injecting: problems with veins and the problems that come about through being exposed to bacteria (germs) and viruses. There's a lot more than can be said about each problem than we talk about here, so please don't take these as the last words on the subject.

Anyone who has been injecting for any length of time will probably have some experience of one, or more, of these problems. The thing is, though, by using good injecting technique and following the safer using guidelines covered in Chapter 2, we can avoid them.

A word of warning though: many of the things we describe are potentially very dangerous and the seriousness of the situation increases the longer we delay dealing with them. Many people try to ease pain and discomfort by taking more of a drug or another drug. This might seem a sensible solution at the time, but . . . there's always an overdose (OD) to consider and the real cause of the problem will remain and perhaps get worse. Also some drugs such as methadone or any opiate really, can disguise or cover pain.

Dealing with these problems often requires expert medical attention. Finding expert and sympathetic medical help to deal with these problems can be difficult. The first thing is to recognise when there is a problem.

Problems with veins

Chapter 2 covered how blood works inside the body, the difference between veins and arteries and some of the things to avoid when we inject.

It doesn't really matter if you've been injecting a long or short time, it's in your best interest to take care of your veins. Damage to veins can lead to many complications. Unfortunately, most injectors don't look for expert medical care until things reach a crisis point, which can often lead to permanent damage requiring much more intensive and perhaps, expensive treatment.

How veins block and collapse

When we put a needle into a vein, especially a needle with a blunt or damaged point, we can make tears and scratches to the inside of the vein. The mix we put in there can also irritate and cause the vein linings to swell. So, too, can bacteria, if the hit is not clean.

Tiny clots form on the lining of the vein, which in turn cause more small clots. If this process keeps on happening, eventually the vein can fill up with clots and get blocked. The clots turn into scar tissue, which shrinks, pulls the sides of the vein together, leaving it 'collapsed'.

It's not hard to tell if a vein has collapsed: you can't draw blood from it and it might feel hard and won't bend when it is pushed. It may even shrink and 'disappear'.

Don't try to use the vein: rest it and seek medical attention if it becomes sore or hot.

Veins and swollen veins can recover and find a way to keep on working, but collapsed veins don't recover. The blood finds another way through smaller or deeper veins.

"New" veins?

When veins collapse, the blood finds smaller and smaller veins to do the job of taking blood back to the heart and lungs. A small vein asked to carry a lot of blood can swell up and look much bigger than it usually is.

That's what 'new' veins often are. Not really new veins, but bloated smaller, weaker veins. If they're used for injecting, these 'new' veins can burst as soon as they're punctured, or block up with clots after being used only a couple of times.

Collapsed veins over the long-term

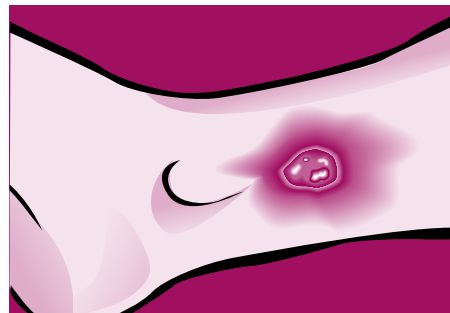
When 'new' veins are appearing, it usually means that vein damage is pretty bad. Blood is pumped into the arm or leg faster than the veins can carry it away. The hand, arm, or leg gets swollen, puffy, cold and blue. Collapsed veins can't be healed. The damage is permanent.

Good blood flow is essential to healing. When there's limited blood flow, injection sites and cuts are more likely to get infected and result in more problems. When the collapsed vein is in the leg or groin, small scratches

and knocks to the feet and legs can't heal properly and can form ulcers, very painful sores that can take months or years to heal.

If any of these things happen to you, it's really important to get medical help. Poor blood flow can also mean that areas of skin start to die, get gangrene and have to be removed by surgery.

Ulcers



Usually found on legs, ulcers are painful areas of broken skin, often caused by repeated unsafe injecting into areas where the flow of blood has been severely reduced. Because the blood flow in the legs is slow, healing takes place more slowly and can be complicated by infection.

Ulcers can be caused as a direct result of injury through injecting or by a number of other means. The result is the same: they take a long time to heal and can be very painful.

Ulcers take many months to heal and usually require medical attention and frequent visits to a clinic. Some needle & syringe programs might be able to help you find a clinic or a friendly doctor.

If you think you might have an ulcer, it is really important to get it checked out properly and if necessary, get proper medical care in hospital.

To prevent ulcers, follow the guidelines discussed in Chapter 2.

Thrombosis and Embolism

Thrombosis which includes deep vein thrombosis (DVT) is a blockage that has originated at the site of the blockage. (They do not occur when blood clots etc move to the area). A section of a thrombosis may break off and become an embolism. An embolism is caused by a large particle—a blood clot or a lump of bacteria or ‘foreign’ matter—that blocks the flow of blood. The larger the clot the more serious the condition becomes. Both can cause pain and sudden swelling of the affected limb, which, in the early stages, may become pale, then get red or bluish. If it moves to the lung, it can cause shortness of breath, chest pain, rapid pulse, fainting, sweating, or spitting up blood. Sometimes there are no obvious symptoms.

Air embolisms are also possible, although you would need to inject a large amount (over 10ml) of air in one go to cause a problem. If you have already begun your injection and notice air in the fit, don't panic. If it is a 1ml syringe, the air should not cause a problem. If you think you might have an embolism or deep vein thrombosis, it is really important to get checked out properly and if necessary, get proper medical care in hospital.

To prevent embolisms and thrombosis, follow the guidelines discussed in Chapter 2.

Abscesses

Many of us have had abscesses at some time or other. They can be very painful. Without experience or medical training, we can't always tell how serious they are.

Abscesses can occur on the skin, or on your spine and bones.

When they first appear, abscesses on the skin look like raised lumps on or under the skin. They're different to cellulitis in that they have a defined edge and shape. Abscesses are actually collections of pus that the body makes to try to trap an infection so it won't spread throughout the body. Inside the pus is blood (white blood cells for fighting the infection), damaged or dead tissue and bacteria. Some of this bacteria may still be alive, which is why squeezing and poking about can spread the infection.

Abscesses come about when you shoot irritating or insoluble material into a vein, or if you miss the vein and it goes in the top layer of skin where it remains without being properly absorbed. Repeated, successful injections into the same site can also cause an abscess because there isn't enough time for the vein and skin to heal. Some cutting agents can cause abscesses too, as can intramuscular injection and skin-popping.

Skin abscesses can take a while to develop. They might start as a soft bump under the skin. It might get red and hot. A sterile abscess will usually go away, especially if you don't squeeze it but it may take a while.

An infected abscess forms the same way, but soon becomes very painful and 'comes to a head' of pus. Squeezing and bursting it will not help and will probably make things worse. It will spread the infection.

Healing abscesses. Because it's often hard to tell if an abscess is infected or not, if you think you've got an abscess find medical help. In their early stages, antibiotics can help clear them up. But they might also require lancing, cleaning and packing, which can only be done by the medical profession. In many cases, abscesses need regular re-dressing and take a long time to clear up.

If you think you might have an abscess, it is really important to get checked out properly and if necessary, get proper medical care in hospital.

To prevent abscesses, follow the guidelines discussed in Chapter 2.

Phlebitis

Phlebitis comes about when the smooth inner lining of a vein becomes irritated through injecting certain drugs, poor injecting technique, or infection. The vein becomes red or inflamed. It might feel like thick cord beneath the skin.

Phlebitis can lead to deep vein thrombosis and blood clots in the lung.

Healing phlebitis. Phlebitis can be treated by resting and raising the affected limb and taking anti-biotics, using cold-packs and taking anti-inflammatory drugs. If you think you might have phlebitis, it is really important to get checked out properly and if necessary, get proper medical care in hospital.

To prevent phlebitis, follow the guidelines discussed in Chapter 2.

Missed hit

A missed hit shows itself as a swelling around an injection site during or immediately after having a hit. It can be caused by fluid from the hit getting into the tissue around the vein, because the needle has not gone into the vein properly, gone in but slipped out or gone in but, due to excess pressure, caused the vein to split.

Missed hits can lead to abscesses and cellulitis.

TIPS for avoiding missed hits:

Make sure the needle is in the vein, by gently pulling back on the plunger to see if dark blood enters the syringe.

Release the tourniquet before injecting.

Keep hands steady while injecting.

Use the smallest possible syringe (1 ml.) and pick (29g or 30g).

Inject at the correct angle (45°).

Inject the fluid slowly.

Cellulitis

Often caused by a missed hit and/or poor blood flow, cellulitis comes about when germs or irritating particles get stuck in body tissue. It looks like a reddening of the skin, coupled with hot, painful swelling caused by the trapped fluid.

Treating cellulitis includes resting and raising the affected limb, using cold packs and taking antibiotics and anti-inflammatory drugs. Not using in that area will help recovery time.

out properly and if necessary, get proper medical care in hospital.

To prevent cellulitis, follow the guidelines discussed in Chapter 2.

Bruising, tracks & scarring

When you inject, blood can leak from the vein out under your skin causing a bruise.

Taking care of bruises

TIPS for preventing or minimising bruising:

Use new, sharp needles and picks. Blunt and barbed picks are much more likely to cause bruising.

Applying pressure to the injection site for a couple of minutes immediately after a hit will help minimise bruising.

If your veins are in good shape, release the tourniquet as soon as you have jacked: keeping pressure on from the tournie may increase bruising.

Don't try to sharpen picks - there is no safe way to do it.

Among the creams that are useful for bruising and thrombosed veins are Hirudoid™ and Lasonil™ (available from chemists) and herbal ointments made from arnica (available from health food shops and some chemists). You can also use vitamin E oil, aloe vera, comfrey, calendula and ice to reduce bruising.

Don't squeeze straight from the tube onto the injection site and don't let anyone else put their fingers in your ointment jar, they're ways of spreading bacteria and/or viruses. You should wait a couple of hours before applying the cream, until the injection wound has begun to close - this lessens the risk of infection.

Scarring

Tracks (scarring) are caused by repeated injecting into the same site and especially when the pick is blunt and/or barbed. Rotating injection sites and always using a new pick helps reduce scarring. You can also use the creams mentioned above to soften and reduce scars.

If your veins are badly scarred, perhaps it is time to consider another way of taking your drugs.

Dirty hits

A dirty hit is caused by pollutants/adulterants in a hit. They can come from any number of sources: nicotine from a used cigarette filter, dirt from your hands, powder that hasn't been filtered out of crushed pills, powders used for cutting dope, bleach left behind (if you have cleaned your fit but not rinsed it properly), or bacteria and other micro-organisms in filters, in unsterile water, or on your hands.

The effects of a dirty hit can come on quickly or take hours. The symptoms can be severe - headaches, the shakes, vomiting, sweating, fever and aches and pains.

Aspirin or paracetamol will help stop the fever. If you are vomiting, anti-nausea medication might help. It is best to rest and drink lots of fluid.

Seek medical attention if the symptoms are strong, cannot be relieved, or continue to worsen. As difficult as this may be, it is a good idea to tell the doctor that you have had a hit and that this reaction came on afterwards. This is so that you won't be misdiagnosed with meningitis or septicaemia.

To prevent dirty hits, we recommend following the guidelines discussed in Chapter 2.

Endocarditis

Endocarditis is a potentially life-threatening infection of the heart valve. It can develop through repeated injections adulterated with bacteria or germs. The bacteria collects and grows on one of the four valves inside the heart, eventually damaging the valve and stopping the normal flow of blood.

The symptoms of endocarditis can come on quickly, over 1-2 days, with fever, chest pain, fainting spells, shortness of breath and heart palpitations. In severe cases, a person may suddenly collapse, have a rapid pulse and pale, cool, clammy skin.

Sometimes, endocarditis builds up over months and the symptoms are more vague - a low fever, chills, night sweats, pain in the muscles and joints, headache, shortness of breath, poor appetite, weight loss, tiny broken blood vessels on the whites of the eyes, inside the mouth, on the chest, fingers and toes and odd chest pains.

Treating endocarditis

If treated early with antibiotics, endocarditis usually responds well. If it is not detected or treated it can be life-threatening.

If you think you might have endocarditis, it is really important to get checked out properly and if necessary, get proper medical care in hospital.

To prevent dirty hits, we recommend following the guidelines discussed in Chapter 2. In particular, avoid injecting near skin infections or wounds, no matter how small. The bacteria most frequently responsible for endocarditis in injectors is staphylococcus aureus (s. aureus), the same germ that can cause things like septicaemia, cellulitis and abscesses. This bug can live in the mouth too, so don't blow into baggies or lick spoons or injection sites - that's another way of spreading staph.

If you have a heart condition, a damaged immune system (e.g., through HIV/AIDS) or have had endocarditis in the past, let your doctor and dentist know before you have surgery or dental work.

Septicaemia

Septicaemia, or blood poisoning, can be caused by bacteria (germs) that gets into the bloodstream through unhygienic injecting - things like using contaminated water, using unsterile filters, or having dirty hands. Septicaemia can also occur when a local infection such as an abscess is not properly treated.

Among the initial symptoms are chills, fever and feeling totally exhausted. Like endocarditis, septicaemia can be treated with

antibiotics, but can be life-threatening if left to progress. If you think you might have blood-poisoning, it is really important to get checked out properly and if necessary, get proper medical care in hospital.

To prevent blood poisoning, follow the guidelines discussed in Chapter 2.

Eye infections

You might think that eye infections have little or nothing to do with injecting. But there are some kinds of eye infections caused by some injecting practices i.e. using lemon juice to mix up. The fungus that is on the lemon is injected into the blood stream and lodges in the eye where it settles. In Australia, a small number of reported eye infections are known to have come about when people have injected Bupe tablets that have spent time in someone's mouth. The infection comes about when the tablet picks up traces of the *Candida* fungus, which can live in the mouth or in wounds on the skin.

This kind of eye infection may be preceded by small infections around the hair follicles on the scalp or other parts of the body, or around the injection site where the fungus entered the body. Some days afterwards, the symptoms in the eye appear: a red, bloodshot, or painful, eye, sensitivity to light, blurred vision, partial loss of vision and spots. If left untreated for an extended period, it can lead to glaucoma, cataracts and loss of sight.

This kind of infection often requires a physical examination of the eye, as well as blood testing. However, diagnosis may be less complicated when the person's injecting history is known.

The treatment for these kinds of eye infections may require injections of anti-fungal medications and/or steroids, followed by anti-fungal tablets. The dosages and length of treatment varies from person to person. Sometimes the problem can return once the medication has been stopped. If the symptoms reoccur, seek further treatment.

If you think you might have an eye infection through injecting, it is really important to get checked out properly and if necessary, get proper medical care in hospital.

To prevent eye infections, follow the guidelines discussed in Chapter 2.

TIP: To prevent eye infections, never inject anything that has spent time in your mouth or another person's mouth (e.g., buprenorphine and methadone).

TIP: If you need something to dissolve your dope, use powdered citric acid, not lemon juice or vinegar.

Tetanus

Tetanus spores live in the soil and in dirt that you may not be able see - on floors, other surfaces and hands. If you drop your fit, for example, it may become contaminated: throw the fit away and get a new one. Wash surfaces and your hands before preparing your hit. Tetanus among IDUs has been reported although it is not common. There is a vaccine so it would make sense for users to have it.

A booster shot is required every 10 years.

Tuberculosis

Commonly known as TB, tuberculosis is very rare in Australia. However, it seems to be on the rise in many countries overseas, even those where it seemed to have been eradicated.

TB is caused by a bacteria called *Mycobacterium tuberculosis*. New strains, some resistant to treatment, have emerged over recent years.

Some people become ill when they're first exposed to TB. But in most reasonably healthy people, the immune system traps the bacteria. But years later, the bacteria can break away from this trap and spread to other parts of the body: the lining of the heart and the abdominal cavity, the brain, bones and joints, the voice-box, the lungs and lymph nodes.

Someone with TB disease may have any, some, or none of the following symptoms:

- tightness or pain in chest, coughing blood
- shortness of breath

- loss of appetite
- fever, gradually rising through the day and night-sweats
- lumps in the neck or swelling of the joints

Most kinds of TB can be treated. If you develop these symptoms it is important to see a doctor, especially if you have had TB in the past.

Overdose

Overdoses happen when you have too much of a drug, or a combination of drugs, in your system. This can produce a range of symptoms: vomiting, paranoia, fitting, unconsciousness and can also lead to death. Illicit drugs affect not only the mind, they can also affect other parts of the body and when more than one drug is taken the results can be unpredictable.

Causes of OD

Only a small number of overdoses are actually caused by taking just one drug. More often, overdoses are caused by using opiates (e.g., heroin/methadone, MS Contin™) in combination with other drugs such as alcohol and benzos. When these drugs are present in large quantities in the body, a 'normal' or 'usual' shot can prove fatal.

Another important factor in overdose is how much drug someone is used to taking (their 'tolerance') and the strength or purity of the drug in question. A person who hasn't used for several days or longer will need less of a drug to cause an overdose, because their tolerance level will have fallen.

Overdoses can happen fast (even before someone gets the fit out of their arm), after 15-20 minutes, or later when they've 'crashed out'. A large number of overdose deaths occur some hours after the injection. This means that if you are present you may have time to save someone's life.

But remember, a drug doesn't have to be injected to cause an overdose. And overdoses are not only caused by heroin.

Signs of OD

Overdoses can look different, depending on whether the drug causing the overdose is a 'depressant' such as alcohol, heroin, benzo, or a 'stimulant', such as speed/ice/crystal/cocaine.

A person experiencing a 'depressant' OD may:

- have blue or pale lips, fingernails and toenails
- vomit continuously
- make gurgling, snoring, or choking sounds
- be unconscious (e.g., not respond to a pinch of the earlobe)
- stop breathing even though their heart is still beating
- stop breathing as well as having their heart stop beating (cardiac arrest)

A person experiencing a stimulant OD may:

- have a seizure (fit)
- stop breathing or start to breathe or pant really fast
- have chest pain
- collapse
- vomit continuously
- have a stroke, experience sudden weakness or numbness in the face, legs, or arms, have difficulty talking, blurred or dimmed vision, sudden or severe headaches, ringing in the ears
- psychosis, unusually anxious, aggressive, or hallucinatory behaviour
- fall unconscious

What to do if someone ODs

DANGER

Check for danger to yourself, others and the casualty.

RESPONSE

Check for response. Ask casualty's name and gently squeeze shoulders:

No response: Open mouth and look for foreign material.

Response: Make casualty comfortable monitor signs of life.

AIRWAY

No foreign material: Leave on back. Open airway.

Foreign material in mouth: Recovery position. Open and clear airway.

BREATHING

Check for breathing. Look, listen, feel for breathing.

Not breathing: Call 000 for an ambulance. Give 2 initial breaths. Check for signs of life.

Breathing: Place in recovery position, monitor signs of life.

CPR

No signs of life: Unconscious, not breathing, not moving.

Start CPR. 30 compressions, 2 breaths. Continue CPR (30:2) until help arrives or casualty recovers.

It's not always easy to tell the difference between someone nodding off or an overdose. Here are a few indications that it's time to call an ambulance:

- Call their name, pinch their earlobe, call out the word 'narcen'. If they don't respond, it's time for the ambulance
- Check the person's breathing. If they're having 4 or less breaths a minute, it's time for the ambulance



It is important to do something quickly. Most deaths from OD happen because a person's airway is not kept open. Once their breathing stops, there is nothing to prevent them from dying or ending up with brain damage due to lack of oxygen.

Remember that a fast response can mean the difference between life and death. Follow these steps.

Resuscitation guidelines

Ambulance, police & ODs

Ambulances have saved many people from dying because of an OD. When they're called to an OD ambulances are not required to call the police. In most parts of Australia, it is now policy that police stay well clear of ODs. The only legitimate reasons for police being present are if the ambulances feel concerned for their own safety, if there is violence or a history of violence at that address, or if a death occurs.

When someone recovers from an overdose they can refuse to go to a hospital. If this happens, the ambos will ask the person to sign a form stating that they are voluntarily declining the offer against the advice of ambulances. It is always safest to go to the hospital after an overdose.

This is for legal protection, particularly if the person involved drops again shortly after. If they do drop again, call the ambulance again. Don't be afraid to call them as often as you need them: they are there to save lives. Remember: when you ring you can ask the ambulance to not use the siren or flashing lights as they approach.

Narcan

Narcan is an injectable substance that counteracts the effects of opiates such as heroin, methadone and morphine. It is given to people who have overdosed on these drugs. Its effect is almost immediate.

Narcan works only on opiates and if a person has had a mixture of drugs it may not work properly. It doesn't work on pills such as benzos or on alcohol. Ambulances, accident and emergency departments and some GPs carry Narcan. In Western Australia it is available on prescription, as an intramuscular injection. It is hoped this service will be extended throughout Australia once the benefits become more acceptable.

When someone who has overdosed is given Narcan they will come to feeling very straight or hanging out. Reassure them that everything is ok and explain what has happened. Discourage them from using again by explaining that the Narcan will wear off within half an hour and they will then be very stoned and could even drop once more. Using again would mean they would certainly drop, again threatening their life.

What to do if someone has a fit (seizure)

People can have fits:

- just before or as they OD (e.g., on stimulants such as cocaine and methamphetamine (ice/crystal/speed))
- when they're coming down off pills (benzos) or alcohol
- because they have epilepsy

When a fit begins, the person will probably fall to the ground.

Their muscle contractions will cause repeated and uncontrolled jerking. They may lose control of their bladder or bowels or make strange sounds. Or they may remain very still, with just their eyelids flickering - this is another kind of fit.

A fit usually lasts about a minute, after which there is a period of

unconsciousness and then sleep. Fitting is very exhausting. The person will probably not remember anything much about the experience.

What to do if someone is fitting:

- call the ambos. Better safe than sorry. The ambos can check the person out thoroughly and provide advice about further treatment or care. Having one fit does not always mean the start of epilepsy, but it may mean that medication or tests, or both, might be needed in the future. Of course, if the person is conscious, they can refuse this treatment
- stay with the person who is fitting and clear the area of any obstacles (such as tables and chairs) that they might hurt themselves on
- gently put a pillow, your hands, or something soft under the person's head to stop them from hurting their head on the floor
- take note of the time and of what happens during the fit. You will be able to tell the person about it when they wake up and you might be able to give important information to the ambos
- loosen the person's clothing if it seems too tight. Watch their breathing, especially when the fit is over
- don't put anything, including fingers, in their mouth: you may get bitten or end up blocking their breathing. They won't swallow their tongue. Don't try to pull dentures out unless they are blocking the person's airways
- when the fit is over and the person is unconscious or very drowsy, put them in the recovery position on their side on the floor, with their top arm and leg (bent at the knee) in front of them a little and their head gently tilted back to let their airway open. Keep checking their breathing and their pulse
- when the person comes around, tell them what happened. People are often scared and disoriented after a fit, and it helps to tell them where they are, what's going on, and if an ambo is on the way.

At some stage you might feel that your drug-using habits have taken over your life, that you're not functioning well, or that you need a change and want some help. There are various options for getting help depending on the kind of drug you're using most.

By far and away, there are more drug treatment options for people who use opiates (heroin, etc.). As we write this, the theory and science around helping people who use stimulants (methamphetamine/ice/crystal) are in their early stages. However, some of the services we discuss here are available to anyone who is dependent on or having problems with almost any kind of illegal drug.

Considering treatment; making decisions about where to go & what to do

There's no magic bullet, it seems, though there is a merry-go-round. That's what some people think of 'treatment'. Many of us have lots of experience trying to detox at home, attempting self-medication, trying to find understanding doctors, going on and off methadone if we thought there was no other option, going in and out of detoxes and rehabs. Some of us manage to stop using. Sometimes we've settled down on methadone and even tried and succeeded in reducing our dose

There are many more options available now. If stopping or reducing your use of illicit drugs is the path you want to take, try to figure out which one is best for you. Here are some things to consider:

- Do you want to cut down your use of illicit drugs, or stop using altogether? There are options for both
- The kind of drug(s) you're using is an important factor. If opiates are your thing, you've got a few more choices than others.
- Methadone and Buprenorphine (including Suboxone™) is very helpful for some people but it is a big commitment. Before you get involved in a program think about your drug use. How "bad" is it? Is there an alternative to these opioid substitution pharmacotherapies? Does your habit really warrant it? Will you end up with a bigger opiate dependency on opioid substitution pharmacotherapies than you have on heroin?

- Do you have time available to go through detox and continue with a longer-term treatment? If you're working, you may have to take leave or make an arrangement if you have an understanding boss
- What is available in the State, area, near where you live?
- Do you have children? Although there are a small number of programs for parents with children, there appear to be few or none for single fathers. Do you have the support networks to help out with the kids?
- You can combine some kinds of treatment, e.g. methadone/Buprenorphine/suboxone with counselling
- You can change your mind about treatment and move from one to another, e.g., methadone to Buprenorphine or Suboxone™

There are many points of view about the treatments available now. We think it's a good idea to talk to someone who has tried the treatment (or check out the magazines published by the drug-user organisations, which carry many stories by people who have tried the treatments), or someone who has a good understanding of what's available where you live. The Directory for each of the States and Territories at the back of this handbook lists the State user organisations. They're a good starting point and many of the States have their own drug information line for people wanting to know what's available.

If you are having difficulties with speed, ice, coke or cannabis, you won't have as many choices. In most parts of Australia, counselling and support groups appear to be the main options. Don't overlook the support friends can provide.

If you have a problem with benzos, we recommend you seek medical advice. To suddenly stop taking these drugs can be very dangerous. If you have a GP you can trust, talk to them. Otherwise call or get in touch with your State drug information line. Some methadone and Buprenorphine programs may be able to help you with reducing pill intake.

Treatments for heroin & opiate dependency

There are several options for people who are dependent on opiates (heroin):

- opioid substitution (including methadone, buprenorphine and Suboxone™)
- detox (withdrawal under supervision), available for inpatients and outpatients
- naltrexone
- therapeutic communities (residential rehabilitation)
- self-help groups (like Narcotics Anonymous and Smart Recovery)
- counselling and support services

Most people interested in getting treatment for their heroin use will take up one, or more, of these options of their own free will. Some try them several times, even over many years. It largely depends on what's available near where you live and what works best for you as individuals. But not everyone does it of their own free will.

Most of the States and Territories now have drug courts and diversion programs, under which opiate-dependent users are offered into taking one or more of the treatment options.

We'll look at these options later on. But first let's look more closely at the pharmacotherapies.

Opioid substitution pharmacotherapy

Opioid substitution pharmacotherapy is a medication given as a regular dose to reduce the need for heroin. The most commonly used opioid substitution pharmacotherapies in Australia are methadone and buprenorphine (including the newer form of buprenorphine, Suboxone™).

Methadone

Methadone is a synthetic opiod. Biodone Forte is one brand of methadone that is used in Australia. It has less additives than the methadone syrups that are sometimes used. The amount of methadone (mgs per ml) in all the different brands of methadone is the same, the effects of methadone are the same, no matter what brand your pharmacy supplies.

Methadone is not a cure for opiate dependence but will reduce your need for illicit opiates and allow you to focus on your recovery. Because methadone is a long acting drug, you only need to take it once a day. Because it lasts longer in your body than heroin you only need to take methadone once a day to prevent you feeling like you are 'hanging out'. This means you don't need to spend time chasing and scoring. Being on a methadone program can break your heroin habit, giving you a chance to stabilise your life. You can obtain counselling and information and working can help you get back on your feet financially.

Methadone doesn't suit everyone. If you've tried methadone, you'll know whether it works for you, though sometimes if methadone did not work the first time you tried it, it may have been because the dose was not right, or the time was not right for you to stop using. Whether methadone is the best choice for you may depend on things such as how long you have been using heroin, if you use other substances in conjunction with heroin and if your liver is damaged.

Dosing

Methadone programs vary from State to State. Being on 'done' may involve picking up a daily dose at a clinic or pharmacy and being "monitored" by a prescribing doctor (standard monitoring includes doing urine tests) and generally toeing the line that is set by the State and Territory where you live. Some offer more takeaway doses to their 'stable' (i.e., not using heroin and not missing doses) clients who have been in treatment for some time. The maximum number of takeaway doses is different in each State.

Cost

The cost of a dose of methadone ranges from nil for some public

programs to \$9 a day in some private clinics in New South Wales and Victoria. In many areas, places in programs are limited and you might have to wait for several months. In other places you might be able to start sooner.

If you are involved in a methadone program you can't just suddenly get up and go interstate or overseas, but some travel can be organised if you have enough notice. If you are working you have to find a dispenser who fits in with your working hours. Some community pharmacies are open in evenings and on weekends, but clinic hours tend to be more restrictive. If you are on benefits, the cost can bite into your weekly budget - but then remember how much heroin costs.

Methadone side-effects

Some, but not all, people on methadone experience side-effects, including sweating, constipation, aching muscles and joints, lowered sex drive, fluid retention and dry mouth (caused by reduced saliva, which can lead to tooth decay, chewing sugar free gum can reduce this).

Methadone can affect a person's ability to drive, operate heavy machinery, or play sport, especially during the first few weeks of treatment and when you are changing your dose. Mixing methadone with other substances, e.g., alcohol, at any stage of treatment, can also significantly reduce driving skills and increase your risk of overdose from other substances (see below).

Mixing methadone with other drugs

Using other drugs with methadone, especially alcohol, other opiates (including heroin or other prescription pain relievers) and benzos (including Valium™, Serapax™ and Xanax™) increases the risk of overdose from these substances. Drinking large amounts of alcohol over days or weeks can also shorten the duration of methadone's effects by making your body break it down faster, causing you to experience withdrawal symptoms before another dose. Some treatments for infections (including Hep C, Tuberculosis and HIV) can change how well your methadone works so it is important if you are starting or stopping any treatments to let the doctor know you are on methadone and let

your methadone doctor know about any other treatment you may be receiving. This way your dose can be adjusted to prevent you hanging out.

Withdrawing from methadone

The best way to withdraw from methadone is very slowly, over months, by gradually dropping your dose you allow your body to get used to having less methadone on board. You need to plan and monitor your reduction carefully, in collaboration with your prescriber. There may be times where you find you are not coping with the drop in dose: you might need to slow down the reduction, stabilise on the new dose for a while or increase the dose slightly.

Methadone withdrawal is similar to heroin withdrawal except that it starts later and can take a lot longer for the symptoms to subside. Some States have programs specifically designed for people coming off 'done'. If you suddenly stop taking methadone, especially if you're on a dosage of 20 to 30 milligrams or more, you will probably suffer very severe withdrawal symptoms for 4-5 days and then around 10 days after you 'jump off'. Withdrawal symptoms include runny nose, yawning, watery eyes, nausea, vomiting, diarrhoea, abdominal cramps, muscle and joint pain, sweating, shivers, disturbed sleep and insomnia, irritability, cravings, depression, extreme lethargy and increased libido. Some medications are available that may help you with these symptoms, so if you have to jump off methadone it might be worth talking to a GP or drug treatment service for advice.

Buprenorphine

Buprenorphine (aka Bupe), brand name Subutex®, is an alternative to methadone used to treat opioid dependence. It has some similar effects to methadone and heroin, though it works in a slightly different way. Subutex® comes in 0.4mg, 2mg and 8mg tablets which are dissolved under the tongue, (sublingually.)

Described as a partial opiate agonist/antagonist, buprenorphine has a similar effect to methadone or heroin, but at the same time blocking effects, kicking off other opioids such as methadone and heroin. Like methadone and heroin, it feeds the parts of the brain, or receptors, that

provide an opioid effect (this is the agonist effect), but has less of an effect, than other opioids. At the same time, buprenorphine prevents other opioids working and will kick these opioids off the receptors, (this is the antagonist effect). This means if you take buprenorphine, and have no other opioids in your system you may get a little stoned until you have stabilised on a suitable dose. If you have methadone or heroin in your system and take buprenorphine it will force any opioids off your receptors and put you into withdrawal, this is called precipitated withdrawal. The severity of this precipitated withdrawal depends how long after taking another opioid (including prescribed drugs for pain) you take buprenorphine, and on how much buprenorphine you take. It is for this reason it is important to let any doctor or pharmacist know if you have used any opioids before taking your buprenorphine, as you can become very sick and feel like you are hanging out.

Many people who have tried methadone, or switched from methadone to buprenorphine say buprenorphine leaves them more clear headed and less sedated. For some people this is good, but other people prefer a stronger or more sedating opioid effect and might prefer methadone for this reason.

One difference with buprenorphine (and buprenorphine/naloxone) and methadone is in the starting dose. For safety reasons methadone doses must be started low and increased slowly. With Buprenorphine it is possible to increase the dose faster so it can take less time to get to a dose that "holds" you and makes you feel comfortable and not hanging out.

Dosing

Bupe programs vary from State to State. In some, clients pay a weekly dispensing fee whether or not they actually pick up all their doses. Others may charge by the dose, so buprenorphine can work out cheaper. You need to ask at each clinic or pharmacy as they are all different.

Similar to methadone, being on buprenorphine may initially involve picking up a daily dose at a clinic or pharmacy, being 'monitored' by a prescribing doctor, doing urine tests, as required and generally toeing the line that is set by the State/Territory where you live. Although people will usually start on a daily dose, many people taking buprenorphine

find that by increasing the dose they can cope well enough for a second and third day, avoiding the need to front up to a clinic or pharmacy every day. This is often called 'second day' or double dosing. Double dosing will only be given to clients who are on a certain dose of buprenorphine.

Some clinics offer takeaway doses to their 'stable' clients, who have been in treatment for some time (depending on the State requirements, the clinic and the person in treatment). The number of takeaway doses you can have at different stages of treatment will vary from State to State, according to their guidelines, so don't get worried if others get more takeaways than you.

Cost

Depending on what's available near where you live, the cost ranges from nil for some public programs to \$10 a day in some private clinics. In many areas, places in programs are limited and you might have to wait.

Side-effects of Buprenorphine

Most people seem to do OK with buprenorphine as far as side effects are concerned. However, some symptoms like cold & flu, headaches, sweating, aches and pains, sleeping difficulties, nausea, mood swings and loss of appetite have been noted when people start taking it. These may be due to the combined experience of taking the buprenorphine and withdrawing from opioids like heroin. Headaches in the first week or so of Buprenorphine treatment are common and usually settle down with time. In some people, Buprenorphine may impair mental and physical abilities, so clients are advised to avoid driving cars or operating machinery until they know how they might be affected. This tends to be less of a problem with Buprenorphine than Methadone. Withdrawing from Buprenorphine

For most people, Buprenorphine seems to be easier to withdraw from than heroin and certainly much easier than coming off methadone. The signs of withdrawal include cold & flu-like symptoms, headaches, sweating, aches and pains, sleeping difficulties, nausea, mood swings and loss of appetite. These are usually worse in the first 2 to five days, though some have been known to last a number of weeks. There are

also some 'jump-off' programs which provide buprenorphine over a 7-10 day period for people who must need some help with a home detox as a way of coming off heroin.

Suboxone™

Suboxone™ is a second kind of buprenorphine that is now available in many parts of Australia. It's actually buprenorphine combined with naloxone (Narcan™). It comes in the form of white, lemon-lime flavoured tablets that are taken by being dissolved under the tongue. Taken under the tongue, the naloxone will have little or no effect. But if you inject Suboxone™, the naloxone will attach to the receptors and prevent the buprenorphine or any other opioids from attaching to the receptors, for a short period of time. If you don't take Suboxone™ regularly and take it while you have other opioids in your system, you may end up feeling like you are hanging out.

Dosing

Suboxone™ programs vary from State to State. Generally speaking, you can get Suboxone™ through a clinic or through a registered GP authorised by the State Health Department. But the number of doctors authorised to prescribe is still limited in some States. When it was originally introduced in some States, the intention was that, after some time, people would be able to get 2-4 week prescriptions that could be filled at chemists. But this has been slow to happen and in many places, people are still required to go to the clinic each day and pay the (daily) cost for being dosed at the clinic. In NSW, the rules around dosing and its higher cost seem to have made it unattractive to many. In Victoria Suboxone™ is used more widely than Subutex™ and some pharmacies and prescribers will only offer Suboxone™. The length of waiting lists tends to vary from place to place.

Side effects of Suboxone™

Because Suboxone™ is relatively new, it doesn't have the same track record as methadone and buprenorphine. The most common side effects reported in trials of Suboxone™ were headaches, withdrawal syndrome, pain, nausea, insomnia, sweating, abdominal pain, back

pain, constipation and inflammation of the nasal cavity, anxiety and depression. These may be due to the combined experience of taking the Suboxone™ and withdrawing from opioids like heroin. If Suboxone is taken under the tongue the side effects are the same as 'bupe'.

In some people, Subutex™ and Suboxone™ may impair mental and physical abilities, so clients are advised to avoid driving cars or operating machinery until they know how they might be affected.

Cost

The cost of Suboxone™ varies across the States and Territories. In some places it can be more expensive than Methadone and this is often determined by the dosing arrangements. It is best to check the fees first with the pharmacy as some pharmacies may be cheaper than others.

Withdrawing from Suboxone

Though Suboxone™ is newer than Subutex™ experience so far has shown that withdrawing from Suboxone™ is very similar to Subutex™.

Getting into a pharmacotherapy program

To get into a pharmacotherapy program, in some States you need to contact an alcohol and other drug treatment centre, which will put you in touch with a program or prescribing doctor. In other States you can contact the GP directly if you know one that will prescribe opioid substitution pharmacotherapies. Most States have a free drug and treatment phone service that can tell you what's available in your area. All government funded Alcohol and other Drug Treatments (AOD) services are listed on the AOD National Directory at www.aodservices.net.au. Toll free numbers are also available for each State and Territory. Prescribing doctors can be based in the community or at public or private clinics.

The doctor will probably want a rundown on your medical, social and personal history, your drug-using history and your current level of drug use. You may also have to give a urine sample and your doctor will also want to do a full examination particularly to check your HIV, Hepatitis B and C status. Your doctor will seek your permission and you do have the right to refuse. Once you're in the program and have begun

taking the pharmacotherapy, your doctor will check to see if the dose is holding you and may adjust it from time to time. Usually, you will have the option of using the pharmacotherapies as a withdrawal program over a planned period, or if you don't want to withdraw, going on to a "maintenance" program. It may be best to see how you go in the short-term before deciding one way or another.

Detox

Most of us who've used heroin, methadone (or other opioids) are only too familiar with the dehydration, sweating, vomiting, diarrhoea, runny nose, depression, aches and pains, sleeplessness, irritability, agitation and stress that can come with withdrawal, whether it be because of a shortage of drugs, or a decision to try withdrawing on our own. The severity of the symptoms will vary from person to person, depending on your general health and nutrition, how long you've been using (and how much) and even what's going on around you as you go through withdrawal.

But the physical symptoms may be only part of the package. For most people, detoxing is an intense physical, psychological and social process of:

- clearing opiates out of the body
- the body adjusting to being opiate-free
- the mind and feelings adjusting to being opiate-free
- you and the people around you getting used to you being off opiates

Going it alone

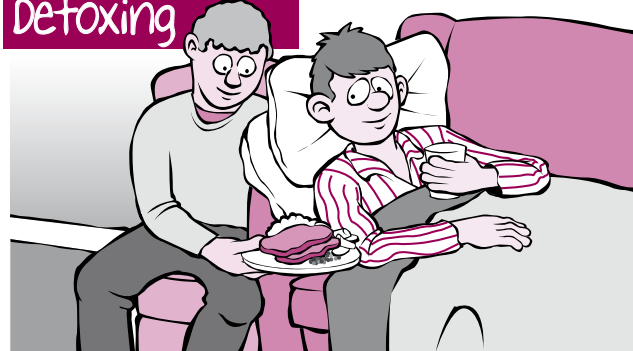
Despite there being many programs and services available with medications that can help to ease some, if not all, of the symptoms of detoxing, some people try (and succeed) doing it at home, without any kind of service support. Some get quite involved in planning, deciding what they're going to take to make the withdrawal symptoms less severe but this seems to be only part of the planning required. For most, it seems, the detox is likely to be unsuccessful if they don't spend some

time thinking about and planning how they will cope without the opiates and what they'll do once they're off. Having a game plan seems to be a good approach.

Here are some other tips:

- prepare a safe environment (e.g., where there won't be any drugs around or people tempting or hassling you)
- ask a person or people you trust to hang out with you and support you through the process. Work out with them, in advance, what you'd like them to do. Let them know about your needs and expectations
- make enquiries about the availability of community nurses or counsellors who can offer professional support. Some services might have volunteers to help out with a home detox
- you should see your doctor before commencing home detox as certain prescription medicines may help relieve some of the nausea, diarrhoea, insomnia and anxiety. These medicines may also be available over the counter at your local pharmacy; speak to your pharmacist for advice
- keep up your intake of fluids
- avoid eating large meals and fatty foods
- try warm baths, rest, massage, easy walks, easy stretching
- if it gets too much, consider transferring to an inpatient detox
- if you do end up using again, remember that your tolerance will have dropped. You might overdose. You won't need as much gear as you did before the detox to get you to the same place. Your local drug user organisation will be able to provide advice and more detailed information. Talking over your plans with a support worker there may help round out some aspects particular to your own situation.

Detoxing



Find a quiet place, a good friend & relax

Out-patient/home detox

Some States and Territories have out-patient detox programs. These programs allow you to detox for the most part at home while being under the care of a doctor from an in-patient detox program. The doctor will discuss with you the type of medications you might need to help you through your detox and it may involve receiving regular home visits by clinic nurses. Depending on the program, you might be required to attend the clinic daily to get medications and attend counselling.

Inpatient detox

Some people are not suited to going it alone or out-patient detox so if you really fear withdrawal and don't feel at all confident about being able to handle it, you can consider inpatient detox. Most States and Territories have some kind of inpatient detox program available, especially in the capital cities and larger towns. In some rural areas a few hospital beds may also be made available for inpatient detox. Some are free or require little or no financial commitment. Others are private and can be quite expensive. They may offer a medicated or non-medicated detox (i.e. with or without drugs to relieve symptoms). Users' experience of these services varies widely, so we think it useful to get a few points of view about particular services before you decide which way to go.

Naltrexone

Naltrexone is a drug that some people use to help them stay off opiates once they have gone through withdrawal and are opiate free. It is also used to bring about rapid withdrawal. Naltrexone also stops opioids such as pain medications working, so if you are thinking of going onto naltrexone treatment you will need to have a plan with your doctor if you need any pain relief (eg if you need surgery of any sort). Naltrexone may also not be the best treatment if you have ongoing pain problems. How does Naltrexone work? Naltrexone blocks the opioid receptors in the brain, thereby blocking the effects of heroin, methadone, etc. Some people use it because they know that with Naltrexone in their system, even if they were to score and have a hit, they wouldn't get any high and their money will have been wasted. Naltrexone doesn't necessarily stop a person wanting to use heroin, although it may reduce or prevent cravings in some people. With any form of naltrexone it is important to remember that when you use naltrexone you lose all your tolerance to opiates. This means that if you start using again you are at much higher risk of overdose than before you stopped using.

Naltrexone – rapid detox

There's been a lot about naltrexone/rapid detox in the media, with some describing it as a 'miracle cure'. This seems far from the truth. Research shows that this method of withdrawing from heroin is neither quick nor painless. More than half of the people who go through rapid detox start using within 6 months. Some State Health Departments will not support its use due to concerns about safety and the lack of evidence about its effectiveness. After detox, the use of Naltrexone for opioid dependency is not subsidised by the Pharmaceutical Benefits Scheme (PBS). This can be a very expensive treatment.

Naltrexone implants

Naltrexone implants are available in a few States. A word of warning: although some people have had success with these, there are others who have regretted getting one and ended up trying to remove it themselves. Naltrexone implants are not approved by the Therapeutic

Goods Administration for use in humans. However some trials have been approved. Once you have one implanted it can be very hard to get a doctor to remove it. Evidence is not in yet, so think carefully. Implants are also very expensive, so make sure you aren't under pressure from family or friends who might be paying for it to help you out.

When it might not be entirely your decision

Each of the States and Territories now have a range of programs that involve police and/or the courts in education, drug treatment and/or rehab. Broadly speaking, there are four main kinds of programs. The nature of the programs varies considerably from State to State, making generalisations very difficult. New programs are often being introduced and changes made to existing programs.

With that in mind, here is an outline of what's currently available. If you want to know more about what's happening in your State or Territory, we suggest getting in touch with your local drug-user organisation.

Police drug-diversion

Operating in all States and Territories, these State-wide programs are aimed at stopping people (for the most part, adults) facing charges for minor amounts of cannabis (as well as, in most States, other illicit drugs and/or drug implements) from being caught up in the criminal justice system, the courts and the jails.

They do not target people facing charges for non-drug offences, even if the offences are considered to be related to their use of illicit drugs. Some may exclude people previously charged with serious violent crimes or sexual offences.

Most have an educational component such as distribution of brochures, etc., by the police; telephone-based education sessions; or meetings with drug counsellors.

To be eligible for the program, a person must agree to the diversion and admit the offence (except in SA).

All programs limit the number of times that any one person can take advantage of the program.

Court referral-into-treatment or court-mandated drug diversion programs

Now operating in the local or magistrates courts in all States and Territories (though only two, NSW and VIC have state-wide programs and three, SA, ACT and VIC. have comparable programs operating youth or children's courts), these initiatives direct their clients to community (non-jail) drug "treatment" programs. [NSW – Magistrates Early Referral into Treatment; VIC – Court Referral and Evaluation for Drug Intervention Treatment; SA – Court Assessment and Referral Drug Scheme; QLD – Magistrates Early Referral into Treatment and Illicit Drugs Court Diversion program; WA – Breif Intervention Regime, Bail Options and Supervised Treatment Intervention Regime; NT – Court Referral and Evaluation for Drug Intervention Treatment; ACT - Court Assessment and Treatment Scheme.]

Most programs target people facing drug charges, or people whose property, driving, fraud, or good-order offences are considered to be related to their use of illicit drugs. Most exclude people with current charges or previous convictions related to violent, sexual, or trafficking offences, as well as those serving existing court orders or currently attending court-ordered treatment programs.

Most programs monitor the client's 'compliance' with treatment, but the nature and intensity of the monitoring can vary considerably.

In most States and Territories, referrals to the program can come from magistrates, lawyers, police, or the person facing the charge.

If you're about to get involved in one of these programs, try to find out your options before your court date, especially if you are seeing the Legal Aid solicitor, who may only see you minutes before your appearance in court the first time, leaving no time for the kind of references or enquiries that might help your case.

Drug courts

Now operating in NSW, Victoria, Queensland, South Australia, Western Australia, in theory, at least, these (mostly 12-month) programs attempt to engage in intensive drug 'treatment' for people who are charged with 'serious' offences and have 'significant' drug dependency issues

considered to be linked to their offending. They may also provide access to additional services including assistance with accommodation, financial advice, health care, etc.

Clients/defendants are required to appear in court before the same magistrate or judge for regular reviews, often weekly in the first stages.

All programs have a team of specialists, including psychologists, case managers, etc., whose duties cover initial assessment, development of treatment programs, brokering access to treatment agencies, monitoring the "progress" of clients and reporting back regularly to the court.

All programs rely on working relationships between judges/magistrates and lawyers, where the prosecution and defence are supposed to abandon their normal adversarial roles in favour of collaborative approaches aimed at clients' "rehabilitation".

All programs have graduated systems of rewards and "punishments" (including periods of jail) for continued "non-compliance" with rules. Clients undergo frequent and random urinalysis, the results of which may provide the judge with grounds for termination from the program.

Compulsory drug treatment correctional centre(s)

Currently, only NSW has a "compulsory drug treatment correctional centre". By separating prisoners with "long-term illicit dependency and an associated life of crime and constant imprisonment" from mainstream jail populations, this initiative aims to provide "comprehensive drug treatment and rehabilitation programs" specifically designed "to break the drugs/crime nexus among hard-core drug-dependent offenders" [NSW Government, 2007]. As we write, there has been no thorough evaluation of how, or if, this 'treatment' works.

Under its sentencing options, the NSW Drug Court can order offenders to serve a period of compulsory drug treatment detention of

18 months - 3 years.

Rights and responsibilities in treatment

Drug treatment services are health services and as a consumer of health services you have rights and responsibilities in your dealings

with them. Clinics and medical offices will often have a “rights and responsibilities” document that they will ask you to sign on your first day of treatment. It’s important to read this document carefully so you know where you stand.

Life after detox

Detox usually takes 5-7 days. At least for the physical symptoms to quieten down. But what about life afterwards? Most of us who want to stop using completely may find some kind of support useful after detox. Some turn to self-help groups (such as Narcotics Anonymous or SMART Recovery) or one-on-one counselling. Many detoxes and doctors offer a short bupe detox program (3-8 days) with the option of continuing on a bupe or methadone maintenance program, or even drug-free support. Unless you’re really confident and sure about what you’re doing, we think it’s wise to get some kind of support lined up for after the detox.

Services for psychostimulant (speed, coke and MDA) users

Although the use of these drugs seems to have grown in Australia over recent years, the majority of users will not experience significant adverse effects. However, when used in high doses over an extended period, they can lead to incidents of aggressive and violent behaviour, dependence and mental health issues (psychosis and mood/anxiety problems).

It would seem that few users seek treatment in specialist services and there are few specific treatments available. Some specialist clinics have opened up (for example Access Point in Melbourne) so it is good to check what new services may exist in your area. At present, there are no specific pharmacotherapies approved for general use, though some treatments are in trial form.

The “treatments” that are available depend a lot on what drug is being used and how much you’re using. Withdrawal does not usually need to take place in an inpatient setting, unless there are medical, psychiatric or social reasons to do so, although some people prefer to be out of their normal environment when they try to stop using. Benzos,

antidepressants and antipsychotic medications have been prescribed to alleviate symptoms. For most people, the worst of it is over within 10 days, although it can take up to three months for normal sleep patterns and levels of activity to return and for mood swings to even out. It seems that there are no services specifically for people wanting to detox (withdraw) from using these drugs, although any normal detox will accept speed users.

For the most part, ‘treatment’ consists of counselling in either outpatient or residential settings (rehab).

To find out what is available where you live, we suggest getting in touch with your State drug information telephone service or your local drug-user group. All government funded Alcohol and other Drug Treatments (AOD) services are listed on the AOD National Directory at www.aodservices.net.au. Toll free numbers are also available for each State and Territory (see the Directory at the back of this handbook).

Services for cannabis users

There are few specific “treatments” available for people experiencing problems related to their use of cannabis (marijuana). Some States have introduced treatment services for cannabis users attached to alcohol and other drugs services or local services.

For the most part, it seems that these services use various kinds of counselling; particularly those based on cognitive behavioural therapy (CBT) and motivational interviewing. There are several prescription medications that may ease the symptoms of withdrawal. Research on drugs that can block the effects of cannabis is also taking place, but at present, none have been approved for general use.

Withdrawing from benzo’s

When a person who is psychologically or physically dependent on benzos suddenly stops them or severely cuts down their dose, the withdrawal symptoms can include headaches, aching or twitching muscles, tremors, faintness or dizziness, sweating, nausea, vomiting, stomach pains, distorted vision, heightened/distorted sense of smell and touch, difficulty with sleep, tiredness, problems with concentration,

anxiety and mood swings. Some people may also experience delirium, delusions, hallucinations and paranoia. Some say it's harder (and takes longer) than coming off heroin. You may need some support to reduce off benzos, as well as learning new (non-drug) ways to manage symptoms like anxiety or difficulty sleeping so you can cope with these issues after you stop using benzos.

People who have been using benzos for more than two weeks should not stop taking them without consulting a doctor or health care worker. A slow reduction over time is recommended because of the serious risks of fits during sudden withdrawal. Your community pharmacy may also be able to help you withdraw slowly from benzos. Talk to your pharmacist.

There are a number of drug treatment options for those who use or have used high doses of benzos (illicitly or prescribed) over time, including detox, rehab and counselling, in either community or residential settings. Check with your State drug information service or local drug-user group on where and how to access these services.

Rehabs (therapeutic/residential communities)

They used to be called just plain 'rehab' programs. These days the professionals call them "therapeutic or residential communities". They're for people who have detoxed and want to try to live without using. A small number operate as outpatient services. Most are live-in (residential).

Rehab programs and services these days can vary widely in terms of what they're able to offer. The "program" may run 1-12 months.

They usually have certain rules (especially about the use of drugs) and often compulsory activities designed to help people build their skills and self-confidence before returning to the real world. They may be located in a rural or isolated area and have a halfway house stage that provides support for those returning to the city.

The strictness of the environment does not suit everybody. It's not uncommon to find people dropping out because they find the rules too hard to take.

Some of the main sources of clients for rehab programs are the police and courts (see below).

Counselling & support

Many people who are going through or have gone through detox find some kind of support (including professional support and counselling) useful afterwards. Professional counselling and support can also be useful if you're using and find that you want to change some things about your life.

A range of counselling and support services are available in most, but not all areas. These may take the form of individual counselling, group therapy, or cognitive-behavioural therapy (CBT) through public or private facilities. They may focus on relapse prevention, general mental health, or use motivational interviewing. They may provide support for employment, accommodation, families and children, financial and legal problems.

Self-help groups

Self-help groups are gatherings of like-minded people who get together to support each other in keeping off drugs, usually without the presence of professional counsellors, etc. The best known self-help group for illicit drug users is Narcotics Anonymous (NA), which is based on the 12-Step Program developed by Alcoholics Anonymous (AA). NA is available in all the States and Territories (see the the Directory at the back of this handbook).

SMART Recovery is a similar service that offers face-to-face and online mutual help groups. At present there are meetings in VIC, ACT, TAS, NSW, QLD and WA. However, groups of users can start up their own meetings (see the Directory for contact information).

Other health, safety & lifestyle considerations**Relationships with health-care services and doctor**

Our experience shows that, where possible, it's in our best interest to find a way to get along with the services and the people who work in them. Try and find a way to establish good working relationships with them, you never know when you'll need them.

Not being honest about injecting drug use and even drug use generally, could affect your health. For example, diagnosing and treating many of the problems we outlined in Chapter 2 will be more straightforward if the health care workers/doctors have all the facts. The same goes for pain relief. If a doctor doesn't know about your tolerance to opioids, they might not prescribe sufficiently strong pain relief.

Check out what's around

If you are not happy with your treatment, think about trying a different doctor, attending a different clinic, or changing pharmacies! Check out the range of services available to you (people living in big cities are probably going to have more options than those living in rural and remote areas). Ask your friends, your State or local user group, or a health worker what services they use. (Most services will not give you a formal referral to a doctor, but they may informally let you know of a good doctor in the area.)

The first time you go to a service, ask questions about the issues that are important to you. If you have Hep C or HIV, it is okay to ask your doctor what type of relationship he/she likes to have with a patient, for example, can you work together on finding the best treatment? If you can, look around, ask questions and compare services. You can often tell from people's reactions and attitudes, just as much as from their answers, how well you think you might get on with them.

Your rights & responsibilities as a consumer of health care services

Some clinics and medical offices may have a “rights and responsibilities” document that they will ask you to sign. It’s important to read this document carefully so you know where you stand.

Even where there is no document to be signed, you have certain rights and responsibilities as a user of a health service. The following lists are a combination of the rights and responsibilities patients have in various health services around Australia. These lists are a guide only and are not legally binding. They will give you an idea of what you can expect when using a health service. The failure of a health service to meet any of its responsibilities may be evidence of professional negligence.

Your rights

If you use a health service, you have two basic rights:

1. the right to give or withhold your informed consent to treatment; and
2. the right to receive competent care from health-service providers

To be able to give or withhold informed consent to treatment, you need to know about anything that might affect your decision. This will include: your diagnosis; the advantages and disadvantages of the proposed treatment; possible alternative treatments; what the proposed treatment will involve; and the possible negative consequences and side-effects of the treatment.

If you don’t receive proper care from a health worker or service provider, you may be able to take legal action on the grounds of professional negligence. To check if you are being treated properly by health services, go through the following check-list of health consumers’ rights. You should be able to answer “yes” to all of the points on the list. Some health services have made their own statement about clients’ rights, which might include information about what a client can do if they are unhappy with the service they get.

As a health consumer/patient you are entitled to:

- be treated with care, consideration and dignity
- be given clear information and explanations
- ask questions about the service (don’t be scared, keep asking until you are clear about an issue)
- ask questions about any proposed treatments or procedures, including any associated risks, alternative treatments or procedures, as well as any costs involved
- be given time to take in and understand the information provided
- be informed about the service you are dealing with, what it offers, who is eligible, what costs are involved and what are your responsibilities
- be informed if the proposed treatment or procedure is experimental or part of medical research
- obtain assistance from trained interpreters if required
- ask to be referred to a more senior person if you are not happy with the quality of service provided
- obtain a second opinion, including when you are a patient staying in hospital (except where this is not possible, for example in an emergency)
- give your informed consent before treatment begins
- withdraw your consent and refuse further treatment at any time
- appoint someone to make decisions on your behalf in the event that you are not able to make those decisions yourself
- leave the hospital at any time except in the case of some infectious diseases or psychiatric conditions. (Note: if you leave the hospital against medical advice, you will be responsible for your own illness or injury and may have to sign a waiver of the service provider’s responsibility)

- confidentiality of all personal records (except where the law requires that certain information be given to some person or authority e.g. subpoena for court or police and methadone records)
- obtain legal advice if you think the way you are being treated is against the law, or you believe you have suffered harm as a result of the way you have been treated
- complain if you are not happy with the service you have received (look at the complaints procedure in the next section for details about the best way to do this)
- have access to your medical records

As the parent or guardian of a child patient, you are entitled to:

- exercise all of the rights mentioned above on behalf of the child and
- stay with your child at all times unless separation is necessary for medical reasons eg. during an operation or emergency

Your responsibilities

As the consumer you have a role in ensuring that you receive good quality health services. You should:

- treat staff with care, consideration and dignity
- ask questions about the service and your treatment – keep asking until you fully understand the issue
- give the service all the information about your health (including any special needs) necessary to enable the health care workers to give you the best care and advice
- tell staff if you are unable or don't intend to follow your prescribed treatment plan
- tell staff about any changes in your health, including any problems you may have with the treatment you are receiving

- keep appointments or let the service know if you are unable to attend

Doctor's responsibilities

Doctors must follow certain guidelines and must make sure that their patient can easily understand all of the information about their illness or condition. You should be told everything that you need to know for you to make decisions about your treatment. The guiding principles for doctors, as outlined by the National Health & Medical Research Council, are:

- information should be provided in a form and manner that helps patients understand the problem and treatment options available and that are appropriate to the patient's circumstances, personality, expectations, fears, beliefs, values and cultural background
- doctors should give advice. There should be no coercion and the patient is free to accept or reject the advice
- patients should be encouraged to make their own decisions
- patients should be frank and honest in giving information about their health and doctors should encourage them to be so

Most, if not all, health professionals have a code of professional ethics that outlines their obligations to provide appropriate, non-judgemental and accessible services. As providers of the service it is up to them to meet their clients' needs.

Making a complaint

Consumers or customers of the health care services have rights similar to customers in a shop. You have a right to make a complaint if you are left feeling uncomfortable, uneasy, or unhappy about the quality of the service or the actions of the person providing the service. A complaint can be made to either the health service in question or to an independent complaints body - e.g., the independent health complaints body or anti-discrimination organisation in the State/Territory where you live. (See the directories at the back of this book.)

Although it is your right to complain if the service you receive is unsatisfactory, some people have been treated badly or punished after speaking out. This can happen whether the complaint is made to the service provider or to an independent complaints body. It is illegal to treat someone unfavourably because they have made a complaint. Independent complaints authorities, Legal Aid Commissions and community legal centres can provide further information about this.

If you are concerned about what might happen if you complain, talk it through with your local user group or community legal centre first.

Dental health

The Dental Scheme is being changed as Handy Hints is being reproduced so you will have to contact your local user group to find out what the new scheme entails and if you are eligible.

Psychological health

Your psychological health is an important part of your overall health picture. It can be affected by many factors, including your general living situation and feelings about life, the illicit drugs you take and even treatments for medical conditions (such as HIV and hepatitis) and drug use.

The previous chapter discussed some of the psychological help available for people seeking treatment for drug use. But you do not have to be in drug treatment to get psychological help. Under current Medicare arrangements, visits to either registered psychiatrists and psychologists are now partially covered by Medicare. You will need a referral from your GP.

When there are children in your life

If you're injecting illicit drugs and have children in your life, they, like you, can be affected by how you manage that part of your life. There are a number of things you can do to protect them from unintended consequences of your drug use:

- don't take kids with you when you score, get someone to mind them. The complications that follow from running into trouble,

e.g., with police, could put you and your kids at risk of being separated

- don't inject in front of children. Kids often imitate what they see. There may be situations where they will try to imitate something they don't understand, causing problems for you and them
- protect your kids from needlestick injuries. Kids are naturally curious and inquisitive. Keep your injecting equipment, especially fits, both new and used in a place where children cannot get to them.
- keep your drugs and pharmacotherapies e.g., methadone, bupe, etc. where children can't get to them, i.e. not in the fridge
- no matter what the situation, never give kids either illicit drugs or pharmacotherapies like 'done' and bupe
- try to shield your kids (as well as other family members) from any unpleasant mood changes you may experience as result of using, or as may happen, by not being able to score and use

Drug testing

Largely to governments' and businesses' taking advantage of recent technological advances, drug-testing has become fairly commonplace in certain aspects of Australian life for example, driving, employment, criminal justice, as well as certain government services. Three kinds of drug-testing have been developed: urine, saliva and hair, though at present, hair analysis is not widely used.

Saliva-testing

How does it work?

A Saliva swab is taken from inside the mouth. Drug tests can usually detect drug used in the previous few days.

What does it show?

- Marijuana and hashish, an hour after use and up to 12 days after depending on use

- Cocaine ingested up to 2 days before
- Opiates ingested up to 2 days before
- Amphetamines and ecstasy ingested up to 2-3 days before
- Benzodiazepines ingested 2-3 days before

How reliable is it?

The main problem is the tests difficulty in detecting some drugs with accuracy, benzodiazepines and marijuana for example.

How is it used?

Employers, post accidents, road side drug testing.

Urine-testing

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

Alcohol	8 - 12 hours
Amphetamines	2 - 4 days
Barbiturates Short acting (e.g. seconal) Long acting (e.g. phenobarbital)	1 day 2 - 3 weeks
Benzodiazepines	3 - 7 days
Cannabis First time users Long term users	1 week up to 66 days
Cocaine	2 - 4 days
Codeine	2 - 5 days

Ecstasy (MDMA/MDA)	1 - 3 days
LSD	1 - 4 days
Methadone	3 - 5 days
Opiates (e.g. heroin, morphine)	2 - 4 days
PCP	10 - 14 days
Steroids (anabolic) Taken orally Taken other ways	14 days 1 month

Note:

Cocaine is difficult to detect after 24 hours.

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

Testing for LSD has to be specially requested.

Monoacetyl morphine (confirming heroin use) cannot generally be detected after 24 hours, as it has converted to morphine

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

How does it work?

A sample of urine is tested on site or sent away for analysis

Travel

Interstate

If you need to travel while on any pharmacotherapy make sure you give the Clinic or Doctor enough time to do the paperwork. If you are transferring for a few days you usually need to put aside the first day to get it all organised in the new place.

Overseas

Travelling overseas is possible but you need to make sure about the laws in the country you want to travel to. A useful site is on the internet. Google "Methadone Travel" and the site will tell you lots of useful information.

What are STIs?

Any infection that is passed from one person to another through sex is called a sexually transmissible infection, or STI.

Such infections can be caused by viruses, bacteria or parasites and they can be transmitted through the exchange of infected body fluids - semen, vaginal fluid, saliva and blood - and in some cases just through skin to skin contact. STIs can be passed on through vaginal, anal or oral sex.

Some STIs are mild and easily treatable; others, if untreated, can make you very sick, cause infertility and even death. Among the many known STIs are HIV, Hep B, herpes, genital warts, chlamydia, gonorrhoea, syphilis, crabs and thrush.

Many sexually active people come into contact with STIs at one time or another. You can't tell by looking at a partner whether they have an STI. Many STIs have no tell-tale signs or symptoms. Protecting yourself and your sexual partner(s) from STIs is not about who you are, what you look like or what you can see on others - it's about what you practice.

There are a number of things you can do to protect yourself and your partner. Using condoms and lube together will prevent the transmission of many STIs (for example chlamydia and gonorrhoea).

With others, such as herpes, warts and pubic lice - if they are on a part of the genitals that is not completely covered by a condom then they will be infectious. You should be familiar with how they look so you can avoid sex with someone who has symptoms (although just because you can't see anything doesn't guarantee that you or your partner is not infectious)

Use condoms on sex toys. Dams should be used for oral sex and arse rimming. Latex gloves should be used for fingering or fisting.

Practicing non penetrative sex can be a safer alternative to penetrative sex.

There are four main ways of reducing your chances of acquiring or transmitting an STI:

1. Practice safer sex, which includes: using condoms for penetrative sex (experiment with sizes and brands to find one that is comfortable), using lube with condoms, using dams and using gloves
2. Have regular sexual health checks if you are sexually active, if you are worried or concerned about your sexual health or if you have been at risk of contracting a STI

High risk situations for STI transmission include:

- Sex without condoms
 - Broken, slipped or pulled off condom
 - If your partner participates in high risk behaviours
 - If you have been sexually assaulted
3. If you have more than one sexual partner, have changed sexual partners or have been working in the sex industry, HIV/STI checks are generally recommended every 3 months
 4. You can't rely on visual symptoms alone as some STIs do not have symptoms. It's important to inspect the bits of your body that you don't normally see, especially around your genitals and bum area (or get someone else to do it). You can also feel for changes such as lumps and bumps.

Common STIs

Chlamydia and non-specific urethritis

Chlamydia is one of the most common STIs in Australia. It is caused

by bacteria and is treated with antibiotics. If left untreated, chlamydia can have serious consequences, such as infertility for both men and women. It is transmitted through vaginal, anal or oral sex.

Most women who are infected with chlamydia experience no symptoms. Women who do experience symptoms may have an unusual vaginal discharge, painful periods, vaginal bleeding between periods or after sex, pelvic pain, pain with sex or a burning sensation during urination. Chlamydia can lead to pelvic inflammatory disease, which can be serious.

In men, chlamydia causes inflammation of the urethra. The main symptoms - if there are any - are stinging when urinating and a whitish or clear discharge from the penis. If left untreated with antibiotics, it can spread to the balls, anus and prostate.

Genital and anal warts

Genital and anal warts are caused by the Human Papilloma Virus (HPV).

The warts are usually small, painless, cauliflower-like lumps that appear on or inside the penis, on the vulva, on the cervix and around the anal area. They're painless, so you may not know you have them unless you see or touch them.

The virus is spread through direct contact with a sex partner's infected skin or mucous membranes, whether the warts are visible or not. It can be spread by any kind of sexual contact. Condoms will reduce the risk, but they may not cover all of the infected area.

A big concern with the wart virus is that some strains have been linked to cervical cancer in women. Pap smears can show that there is virus present and they offer best protection against cervical cancer. Vaccinations are now available that provide protection against 2 of the HPV types that cause 70% of abnormalities of the cells of the cervix which may lead to cancer of the cervix for all women and girls and protection against 2 of the HPV types which cause genital warts for younger women.

Genital herpes

There are two types of the Herpes virus: Type 1, which usually causes

cold sores and Type 2, which usually causes genital herpes (Oral/genital contact can cause Type 1 herpes in your genital area and Type 2 on your mouth). The virus can be treated with anti-viral drugs, but there is no cure.

Some people have no symptoms after they have been infected with herpes. For others, the symptoms usually develop within 2 to 14 days.

The first symptoms may be aches and pains, painful urinating, fever, irritability, tingling or itchiness in the infected area. A small cluster of blisters then appears. These blisters burst and leave painful sores.

Herpes can be spread by vaginal, anal or oral sex and it can be spread at any time: it is not dependent on the presence of visible sores. Using condoms will reduce the risk of transmission but, because a condom may not cover all of the affected area, it cannot provide a total barrier. It is best to avoid genital contact of any kind when you have a herpes outbreak and for a week afterwards.

If you are pregnant and have herpes it is important to discuss this with your doctor.

There is no cure for herpes. Treatment includes anti-viral lotions or tablets which can prevent or limit the effects of outbreaks.

Gonorrhoea

Gonorrhoea is caused by a bacterium and is treated with antibiotics. It is transmitted through vaginal, anal and oral sex.

In men, the common symptoms of gonorrhoea are pain when urinating, a pus-like white or yellow discharge from the penis or anus and sometimes a sore throat. Women may experience an unusual discharge from the vagina, pelvic pain, abdominal pain, pain during sex, pain when urinating and sometimes a sore throat. There may, however, be no symptoms at all, especially in women.

If gonorrhoea is not treated it can lead to pelvic inflammatory disease in women and testicular swelling and pain in men.

Pelvic inflammatory disease

The term 'pelvic inflammatory disease' (PID) means infection of a woman's internal sexual organs - the uterus, the fallopian tubes, the

ovaries and surrounding areas. PID is usually caused by chlamydia or gonorrhoea infections that have travelled from the vagina, through the cervix into the internal organs.

The main symptoms of PID are lower abdominal pain and tenderness, deep pain during penetrative sex, heavy and painful periods and fever. If you have any of these symptoms and they persist, see a health worker. If PID goes untreated you can become very sick and can become infertile. PID is treated with some of the stronger antibiotics and occasionally may mean you will have to go to hospital.

Syphilis

Syphilis is caused by a bacteria and is treated with antibiotics. It can be spread by vaginal, oral or anal sex.

Among the early signs of syphilis infection are a painless sore on the genitals or in the throat; this can develop up to 3 months after you have been infected. This does not mean that the infection has gone. Further signs, which occur 6 weeks to 6 months after the first signs, are a rash on the palms of the hands and the soles of the feet and a flu-like illness.

If it is not detected in the early stages, syphilis can cause serious illness further down the track, including organ damage, brain damage and death.

Thrush

Thrush is a very common genital infection caused by overgrowth of naturally occurring yeast called *Candida Albicans*. Thrush can occur with no sexual contact at all and is not considered an STI, however it can sometimes be passed on through sexual contact.

Some of the things that can make thrush more likely to occur are taking a course of antibiotics, pregnancy, diabetes or if your immune system is suppressed for some reason. Using a lot of speed or heroin can cause thrush. You will probably know if you've got it: women have a white or yellow vaginal discharge, discomfort and a lot of itchiness; men get an itchy rash on their penis.

It is a good idea to see a doctor if you have any of these symptoms to confirm that it is thrush, as there are other things that can cause

these symptoms. If you are quite sure it is thrush you can treat it with antifungal creams bought from pharmacies without a prescription. There are also some natural remedies for thrush.

Trichomoniasis

Trichomoniasis is caused by a parasite, spread by vaginal sex and treated with antibiotics. Men usually have no symptoms (they might get a bit of burning when urinating); up to 50% of women will have no symptoms. When symptoms are present, they include itchiness, pain passing urine, pain with sex, a yellow-green discharge and an unpleasant smell.

Pubic lice (crabs)

Crabs are tiny lice that grip onto pubic hair and can cause itching. They are easily transmitted by having close body contact with a person who is infected. Crabs can survive for some time away from the body so it is also possible to transmit them by sharing towels, clothes or beds.

Crabs are efficiently treated by using lice shampoos or creams available from chemists or a doctor. Clothing, towels and bed linen which has been in direct contact with the affected areas need to be washed in hot soapy water.

What are the signs of an STI?

- Often there is no sign
- Unusual discharge from the penis or vagina
- Burning, stinging or irritation when urinating
- Sores, blisters, ulcers, warts, lumps or rashes in the genital and/or anal area
- Itchiness or irritation in the genital and/or anal area
- Pain during sex or in women, a lower abdominal pain
- A non-itchy rash on the palms of your hands or soles of your feet.

Some of these symptoms may be related to other medical conditions, but if you think you have any of them it is worth getting them checked out. Don't wait and hope they'll go away. Most STIs have no symptoms, especially during the first few weeks after infection, but may later result in a serious illness.

For your peace of mind and for your partner's, consider having an STI check-up.

The presence of an STI can also increase the risk of HIV transmission. Open sores and scratches can allow blood-to-blood contact and increase your chances of spreading or catching HIV and Hep B and C. Safe sex will minimise these risks.

Your GP can do the necessary tests or you may prefer to visit a Sexual Health Centre or Sexual Health & Family Planning Clinic. Sexual Health Centres are often free and anonymous services that do not require you to have a Medicare card or use your real name. At a Sexual Health Centre you will most likely see a nurse or doctor who is trained specifically in sexual health. You can often choose whether you see a male or female nurse. Some places may even offer specific men's or women's clinics.

What is an STI check up?

A full STI check-up usually consists of a detailed sexual history being taken, an external and internal examination of the genital and anal area and swabs or blood, or both, being taken. The extent and nature of testing are usually determined by your sexual practices or the risks you may have been exposed to, such as unsafe sex or unsafe using.

Remember that it is illegal for a doctor or a nurse to carry out any test or examination without your informed consent. This means that the doctor or nurse must explain what they want to do, why and any risks involved and then get your agreement.

You should also talk to your health care provider about getting vaccinated for Hep A and B if you haven't already done so.

What to expect from a sexual health test

A man might have a urine test or a swab taken from the inside of his penis (the urethra) to determine whether he has infections such as

chlamydia, gonorrhoea or non-specific urethritis. Blood might be taken to check for HIV, syphilis, or Hep A, B and C. An anal swab might also be taken to test for gonorrhoea and chlamydia.

A woman might have vaginal swabs taken or a urine test to see if she has chlamydia, gonorrhoea, trichomoniasis or bacterial vaginosis. She might be offered a breast examination and a pap smear, which can detect any abnormal cell changes in the cervix as well as the wart virus. Blood can be taken to check for HIV, syphilis, Hep A, B or C and other infections. An anal swab might also be taken to test for gonorrhoea and chlamydia.

In some clinics you can do self-administered swabs. You will be provided with the swabs and the information to on how to swab yourself effectively. You will be left alone to do the swab which you then put in a sterile sealable container and returned to the health care worker. Some people prefer to do the swabs themselves, others would prefer to have it done for them. Talk to the nurse or doctor about your options.

Most clinics use a urine test to check for gonorrhoea and chlamydia, but some may require swabs depending on what other tests are required. Try not to pass urine for a couple of hours before an STI check-up, so that you can produce a urine sample if you need to.

Transgender

A sexual health test for a transgender person will depend on if you have had any reassignment surgery and if so what you have had done. Basically the type of tests will be determined by what genitals you have and what sexual practices you engage in.

Getting test results

Ring around to find the service that suits you best and remember that you are the consumer and have the right to choose. Some clinics may bulk bill; other places may charge a fee. Cost is something you might want to ask about.

How long it takes your test results to become available will vary, depending on the lab that the sexual health service uses, the type of test attended and proximity to a pathology lab. Usually the results are

available 1-2 weeks after the test.

If the test is for HIV or Hep C antibodies, you should receive pre/post-test counselling, which means that your health worker should discuss with you the implications of a positive or a negative result. If the time is not right for a full discussion, another appointment can be made or you can be referred to someone who specialises in the particular area. If your test result has been positive, discussion should include your feelings about being positive, prevention of cross-infection in your daily life, any further testing that is necessary and possible treatments and support. You should be referred to agencies such as AIDS and/or Hep C Councils, which can give you further information on all aspects of living with a virus such as HIV or Hep C.

If you get a positive result for either HIV, Hep C or B it is a good idea to have the test repeated to confirm this result.

If you have had a course of antibiotics for a STI you should return to the doctor or clinic that prescribed the treatment and have another swab taken to check that the infection has gone. Always follow up treatment with a return visit to your health worker.

It is very important to find a health worker you feel comfortable with. Check around or ask your local user group about user-friendly GPs and clinics in your area.

What is a pap smear?

A pap smear is used to detect changes in the cells of the cervix. These changes provide early warning that cancer may develop in the future. Remember that most changes do not mean you will get cancer. If the changed cells are left untreated, though, cancer of the cervix could develop.

You should have a regular pap smear if you are sexually active - every two years. A pap smear provides the best insurance against cancer of the cervix; the best time to have one is midway between periods.

The test itself takes only a few minutes and your health worker should explain the procedure to you. Nothing should be done without your informed consent.

To take the smear your health worker will insert an instrument called a speculum into your vagina to part the walls of the vagina so that they can see your cervix, they then use a small brush, to gently take a sample of cells from the cervix. These cells are smeared onto a glass slide and sent to a pathology lab, where they are examined under a microscope.

It is now possible to be vaccinated against cervical cancer. The cervical cancer vaccine is currently free for females aged 12 to 26 years and available at a cost for women 27 and over. From 2009 it will become part of the school immunisation program and women over 18 will then have to pay for the vaccine. The vaccination does not protect against all the causes of cervical cancer so it is important that vaccinated women continue to get regular pap smears. Talk to a sexual health clinic, family planning clinic or a GP for more information.

What do the results mean?

Your pap smear results will usually be available in about two weeks. If you do receive an abnormal pap smear result, don't panic: it rarely means that you have cancer. A result can be abnormal for a variety of reasons and there are varying levels of abnormalities. It may just be that you have a mild infection such as thrush, which can be easily treated.

With low-grade abnormalities, the cells of the cervix often return to normal without any treatment. This is why you will usually be asked to return for a follow-up pap smear about 12 months after the abnormal one.

If the abnormalities are more severe, or if the low-grade abnormalities don't clear up on their own, the doctor will suggest a colposcopy, which takes about 20 minutes and involves referral to a gynaecologist or to the gynaecology outpatient department of a hospital.

A colposcope is like a microscope on a stand; it allows the doctor to have a closer look at the abnormal cells. Having a colposcopy is similar to having a pap smear in that a speculum is inserted into the vagina, although the colposcope does not enter your body. A biopsy, or small sample of cells is often taken in order to diagnose the abnormality. The results of the colposcopy may show that you don't need further

treatment. Or the abnormal cells may be removed by laser beam or diathermy (a fine electrical current). After this, regular pap smears will be done to ensure the abnormal cells haven't returned.

Remember, a pap smear is your best defence against cancer of the cervix. Having an abnormal pap smear will not affect your chances of becoming pregnant.

Testicular self-examination

Testicular cancer, or cancer of the balls, is the most common cancer found in males aged between 15 and 35 years. The earlier the cancer is detected the better the chance of a full cure. Check your balls regularly, so that if there is any change in them you will pick it up early.

The best time to check your balls is after a warm shower or bath, when heat has caused the scrotum to relax. Support the balls in the palm of your hand and notice the size and weight of each one: it is not unusual for one ball to be bigger and one always hangs a little lower than the other. Once you've done this a couple of times, you're more likely to notice a change of any kind.

Feel for the epididymis at the back of the scrotum. The epididymis is the soft tube that stores and transports sperm; knowing what it feels like means you won't mistake it for an abnormal lump.

Use both hands and examine each ball separately, rolling it between two fingers and the thumb. Things to look for are a lump (usually on the front or side of the ball), any change in the size or shape of the ball, any swelling of the balls or groin, discomfort or a sensation of heaviness in the balls, a sense of dragging in the scrotum, or a dull ache in the lower abdomen or the groin.

Regular examination of your balls is your best insurance against testicular cancer. You can ask a health worker to show you how to do it. If testicular cancer is caught early enough the chances of a full recovery are good.

This section is designed to provide a quick reference summary of the main laws and associated offences and penalties that affect the daily lives of people who use illicit drugs. The areas of law that are covered include possession, supply, manufacture and trafficking of prohibited drugs, self-administration and administration to others of a prohibited drug, possession and disposal of equipment, drugs and driving, sex work, discrimination and public health law in relation to BBVs & STIs. The information in this guide is current as at September 2009, however, it may change without notice. The information provided is a guide in the nature of general comment only and does not constitute and should not be used as a substitute for, legal advice on any particular matter. Readers of this information should not act on any material or information contained herein without obtaining legal advice relevant to their particular issue. The writers involved in researching, drafting and editing this information expressly disclaim any liability to any person or entity in respect of any action taken or not taken in reliance on the information.

General legal advice

Dealing with police

Whenever you have dealings with the police try to be calm, polite and non-aggressive. If you are arrested or charged you have a right to speak to a lawyer before you say anything (apart from giving you name and address). Police are entitled to ask your name and address and you are entitled to ask the police officer for their name, rank and place of duty and to explain the nature of the offence they suspect you of committing.

You have to go to the police station only if you are under arrest and have been told the charge. If the police have enough evidence that you have committed an offence they can charge you by summons or arrest you and charge you. If you are arrested they must let you speak to a lawyer. If you can't afford to call a lawyer after hours, the police must allow you to talk to a lawyer during business hours before you answer any questions. They can, however, charge you – if they have enough evidence – before you have talked to a lawyer.

Being questioned

No matter what you or haven't done, it is recommended you think carefully before answering any questions asked by the police or to argue with them before seeking legal advice. If you choose to remain silent after giving your name and address, just answer calmly "no comment" to any questions. You can say something later (make a statement), after you have talked to a lawyer. If you are charged with a serious offence, it is recommended that you have your lawyer present during questioning or while making a statement.

Many people are convicted by their own admissions in relation to offences involving illicit drugs. This is particularly the case with charges such as self-administration and possession.

Being searched

Police may search you, your house or your car without a warrant if they have reasonable suspicion that you have illicit drugs in your possession. They may also search your house without a search warrant if they believe they will find someone who has committed a serious crime or has escaped from custody. Don't obstruct them: you could escalate things and cause a conflict for which you could then be arrested. Ask the police calmly why they want to search you, your car or your house. Note what is said for future reference.

Being arrested

You may be arrested if the police find you committing a crime and consider that arresting you will ensure that you appear in court, if the public's safety is in danger, to stop you committing another crime, or if they suspect you of committing a crime and they want to question you. Once you have been arrested and charged you can apply for bail. If you don't turn up to court to answer the charges against you the police can take out a warrant and arrest you at any time.

They are a number of important things to be aware of if you are arrested:

1. You have the right to remain silent. Apart from giving your name and address, you do not have to speak to police until you have had the opportunity to obtain legal advice. It is usual practice

for police to allow people under the age of 18 a telephone call. Adults do not have a legally enforceable right to make a phone call.

2. If you believe you have been badly treated by police you can make a formal complaint. Take note of the police involved, exactly what occurred, and anything said or done that you might want to complain about later.
3. Free 24-hour legal advice is not available in most places. If you have a solicitor, it is probably best to contact them. Otherwise, ring your local legal aid office – see the services directory in this booklet for after-hours numbers. If you don't have a solicitor/ lawyer the police usually have information about the duty solicitor.
4. It is in your interest to cooperate with police by providing your name and address. Beyond providing this information you have the right to remain silent even after you have obtained legal advice.
5. There are limits to the length of time you may be held under arrest before being formally charged or brought before a magistrate. This period can be extended by a magistrate in certain circumstances. The following list shows holding times for each Australian jurisdiction.
 - New South Wales – 4 hours
 - Victoria – 'a reasonable amount of time'
 - Queensland – 8 hours, with no more than four hours spent on questioning
 - Western Australia – 'a reasonable amount of time'
 - South Australia – 4 hours for an indictable offence
 - Tasmania – 'a reasonable time'
 - Australian Capital Territory – 4 hours

- Northern Territory – ‘a reasonable amount of time’
- Commonwealth/Federal – 4 hours, or 2 hours for suspects who are Aboriginal or Torres Strait Islander people or are less than 18 years old.

‘A reasonable time’ is tricky to define, but if you are held for over eight hours without being charged you will probably have good reason to make a complaint.

6. In many cases it is difficult for police to get enough evidence for a charge if the person being questioned makes no admissions. Think carefully about making any admissions before speaking to a lawyer.

Bail

If you have been charged and are being held in custody you have the right to seek bail and to be brought before a magistrate or bail justice to have your application heard as soon as possible. The police can keep you in custody only for a certain amount of time without a magistrate’s permission.

A bail hearing simply determines whether or not you should be released to answer the charges at a later date. At the bail hearing you can explain to the court any reasons why you should be released, including refuting the police’s reason for holding you. If you don’t have your own solicitor/ lawyer there should be a duty solicitor at the court to help you with the bail application.

If you are granted bail you must follow any conditions it imposes until the next court hearing. If you don’t turn up to that hearing, the court will issue a warrant for your arrest and you will be charged with failing to appear. There are many differences between the laws of each state and territory. See the following section for information about the laws in your jurisdiction (including the requirements for proving possession) and the service directory in this booklet for the contact details of legal services.

Possession of a prohibited drug

Legal status

It is an offence to possess a prohibited drug, unless the prohibited drug has been lawfully prescribed or supplied.

Note that prohibited drugs include cannabis (no matter what anyone might say about it being “decriminalised”) and methadone (unless you are getting it from a clinic or on prescription).

Possession for the purpose of supply (as opposed to personal use) is a much more serious offence. For further information see the section on “Supply”.

It is also an offence in NSW to be found in possession of a “precursor”. This is further discussed in the section on “Manufacture/Cultivation”.

Proving possession

There are three elements required to prove possession: knowledge, custody and control.

- Knowledge means that you must know that the substance is a drug and that it is in your custody;
- Custody usually means having the drugs in your physical possession (for example, in your pocket or wallet or under your pillow). However, custody can also extend to include such places as your house or car; and
- Control means that you have the right to do something with the drugs (for example, keep or use them). If there are drugs in your house but they do not belong to you and you don't have any control over them, you are not in possession of them.

It may be difficult for the police to establish all elements of possession if you don't make any admissions. For example, if you share a house and drugs are found by the police in non-private parts of the house (say, the kitchen, lounge room or bathroom), it is difficult to establish who has the custody or control of the drugs.

It is possible that possession can be jointly held. That is, possession can be shared between people if there was agreement between them, (for example, say you and your flatmates have a stash that you all have access to)

However, this “shared possession” is also hard to prove if no one admits to owning the drugs.

If you are looking after drugs for someone else, you can still be guilty of possession, because the drugs are in your custody and control.

Penalties/practices

Possession of a drug (for your own personal use) is a summary offence, which means it is dealt with by the Local or Children's Court. The maximum penalty for this offence is a fine of \$2,200 or imprisonment for 2 years, or both. In practice, fines for possession of drugs such as heroin, amphetamines and cocaine generally range from \$150-\$750, the average fine being about \$300-400. Fines for cannabis possession are usually lower, generally ranging from about \$100-500 and averaging about \$250.

With possession and other minor drug offences, adults who are first offenders may receive a “Section 10” dismissal instead of a fine or other punishment. This means the offender is not punished and no criminal conviction is recorded. Children are more likely to receive a caution or a good behaviour bond rather than a fine.

Prescription drugs

Legal status

It is an offence to possess, attempt to possess or supply a prescribed restricted substance (i.e. a prescription drug) without a prescription. It is also an offence to forge, fraudulently alter, or fraudulently obtain, a prescription.

Penalties/practices

These are summary offences with a maximum penalty of a \$2,200 fine and/or 6 months imprisonment. For anabolic or androgenic steroids, the maximum penalty is a \$2,200 fine and/or 2 years imprisonment. People

found guilty of possessing restricted substances such as sedatives are usually fined somewhere between \$100 and \$500, with an average fine of about \$300.

Cautions for cannabis & other minor drug offences

Adults - Cautions for Cannabis

The Cannabis Cautioning Scheme (CCS) operated by the NSW Police Force permits the police to exercise discretion and issue a formal caution to an adult offender involved in a minor cannabis offence. Individuals who have prior convictions for violence, sexual assaults or drug offences are ineligible for cautions.

The formal caution consists of the NSW Police Force warning of the health and legal consequences of cannabis use and a notice providing the telephone number for the Alcohol and Drug Information Service (ADIS). Individuals on their second caution are required to attend a mandatory education session on cannabis use. An individual can only be cautioned twice.

Children – Cautions for small amounts of illegal drugs

Under the Young Offenders Act, police may caution children between the ages of 10 and 18 found in possession of 'small' amounts of illegal drugs. The relevant amounts are:

- Up to one gram of heroin, amphetamines or cocaine;
- Up to 0.25 gram of ecstasy;
- Up to 15 grams of cannabis leaf (or 30 grams if police believe a caution is in the interests of the young person's rehabilitation).

Cultivation or possession of prohibited plants may also be dealt with under the Young Offenders Act if the amount of the plant is no more than half the "small quantity". The "small quantity" of cannabis plants is 5 plants (this means that half the small quantity would be 2.5 plants!). In exceptional circumstances, a child may receive a caution for a matter involving more than half the small quantity, as long as the amount is

no more than the small quantity (i.e. 5 plants) and dealing with the matter under the Act would be in the interests of the young person's rehabilitation.

Police may also caution children for other summary offences such as self-administration or possession of equipment. To be eligible for a caution, the child must admit the offence in the presence of a responsible adult.

Self-administration & administering to others

Legal status

It is an offence to unlawfully use, administer or attempt to administer a prohibited drug to yourself or another person. It is not an offence to self-administer a drug inside a licensed medically supervised injecting centre.

Penalties/practices

Like possession, self-administration is a summary offence. The maximum penalty is a \$2,200 fine or 2 years imprisonment, or both. In practice, the fines imposed by courts for self-administration are similar to the amounts imposed for possession.

Charges of self-administration are difficult to prove without someone making an admission combined with some other evidence (for example, evidence of prior drug use or knowledge about drugs). Sometimes the police don't bother to charge people with self-administration, even if an admission has been made. However, you should be careful of what you say to the police.

Police have guidelines about overdoses to ensure that people who OD are not discouraged from seeking help. People who survive an overdose are not usually charged with self-administration.

Possession of fits & other equipment

Legal status

It is legal to possess fits in NSW. Although it is legal to receive a fit

from an authorised needle & syringe program, it is illegal to pass it on to someone else. It is also illegal to bring a syringe into a prison, even if you don't intend to give it to a prisoner and even if you leave it in a locker while you are visiting.

It is illegal to possess any other equipment for use in administering an illegal drug (e.g. injecting paraphernalia other than needles & syringes, ice pipes, etc). Bongs are legal if you use them only to smoke tobacco, not cannabis.

Possession of used needles or syringes, while not illegal, could be used as evidence of self-administration, which is a criminal offence in NSW. You are more likely to be charged with self-administration if you admit to having used the equipment to use illegal drugs.

Penalties/practices

The police are unlikely to charge you with possession of drugs on the basis of minute quantities of drugs present in used fits. However, a used fit may be used as evidence that you have committed the offence of self-administration.

If you are concerned about used fits and trace elements you can flush them with water immediately after use but the best approach is to dispose of them in a disposal container and return them to a needle & syringe program. It is also important to be aware of what you might be carrying when you go to a needle & syringe program to pick up or return fits.

Possession of equipment other than fits is a summary offence with a maximum penalty of a \$2,200 fine or 2 years imprisonment, or both. In practice, fines imposed for possession of equipment are usually in the range of \$100-\$500, with an average fine of about \$200.

Introducing a syringe into a prison or attempting to supply a syringe to an inmate is a summary offence with a maximum penalty of 2 years imprisonment.

Disposal of fits

Legal status

A person who deposits any litter, including fits, in a public place is guilty

of an offence. Depositing a syringe amounts to “aggravated” littering, a more serious offence than dropping ordinary rubbish. It is illegal in NSW to dispose of used injecting equipment in the household waste under the Protection of the Environment Operations Act 1997.

Penalties/practices

The maximum fine for depositing litter such as syringes is \$3,300. Police (or local government rangers) would usually issue an on-the-spot fine; you can choose to take this to court if you think you are not guilty or the fine is too high. There is a \$1100 penalty for being found guilty of disposing of used injecting equipment into the household waste.

Drug premises

Legal status

“Drug premises” are any premises (e.g. house, flat, office) which are used for the unlawful supply or manufacture of prohibited drugs (other than cannabis). A court can find that premises are drug premises even if no drugs are found, or no-one is caught dealing there.

It is an offence to:

- enter or be on drug premises (unless you can prove you have a lawful excuse to be there);
- organise or help organise drug premises, including being a lookout or door guard (unless you can prove that you didn't know, and could not reasonably be expected to know, they were drug premises);
- be an owner or tenant and knowingly allow your premises to be used as drug premises.

Penalties/practices

For a first offence, the maximum penalty is a fine of \$5,500 or 12 months imprisonment or both. For a second or subsequent offence, the maximum penalty is a fine of \$55,000 or 5 years imprisonment or both. People charged with entering, leaving or being on drug premises are usually fined somewhere in the region of \$300-\$750.

Supply

Legal status

It is an offence to supply a prohibited drug without lawful authority. Supply has a very broad definition and you could be guilty of an offence even if no drugs or money change hands. Supply can include:

- Offering or agreeing to supply, even if no deal ever takes place;
- Being knowingly concerned in supply, for example, introducing someone to a dealer;
- Supplying a legal substance which you claim is a prohibited drug, for example, selling aspirin and passing it off as heroin;
- Scoring on behalf of your mates, or sharing your gear with other people. It doesn't matter whether or not there is any money involved;
- Having drugs in your possession for the purpose of supply. If you are caught with drugs in your possession, police are more likely to charge you with supply if they find things like scales, deal bags and cash. If you have more than the "trafficable quantity" of a drug, you may be charged with "deemed supply". It will be up to you to prove that the drugs are not in your possession for the purpose of supply (e.g. they were for your own use or you were simply going to return them to their owner)

The trafficable quantity for the following drugs is:

- 3 grams of heroin, amphetamines or cocaine;
- 0.75 grams of ecstasy;
- 0.003 gram of LSD;
- 300 grams of cannabis leaf.

If you are caught dealing to an undercover police officer, you cannot rely on a defence of "entrapment" unless the police have induced you to commit an offence that you wouldn't otherwise commit.

Penalties/practices

Penalties for supply can be steep. They depend on the type and quantity of the drug involved, the offender's level of seniority in the supply chain and whether the charges are heard by a magistrate in the Local Court or a judge in the District or Supreme Court. Supplying to children also carries tougher penalties. The maximum fine can range from \$220,000 to \$550,000 and the maximum term of imprisonment can range from 10 years to life.

Offences involving the supply of not more than the indictable quantity are dealt with in the Local Court, unless the prosecution or defendant elects to have the matter dealt with in the District Court.

Supply offences involving more than the indictable quantity are dealt with in the District Court (or possibly, for commercial quantities, the Supreme Court)

The indictable quantity for the following drugs is:

- 5 grams of heroin, amphetamines or cocaine;
- 1.25 grams of ecstasy;
- 0.005 gram of LSD;
- 1 kilogram of cannabis leaf.

The commercial quantity for the following drugs is:

- 250 grams of heroin, amphetamines or cocaine;
- 125 grams of ecstasy;
- 0.5 gram of LSD;
- 25 kilograms of cannabis leaf.

The large commercial quantity for the following drugs is:

- 1 kilogram of heroin, amphetamines or cocaine;
- 500 grams of ecstasy;
- 2 grams of LSD;

- 100 kilograms of cannabis leaf.

In practice, penalties vary considerably. For example, about 45% of people dealt with in the Local Court for supplying heroin go to jail. In the District and Supreme Courts, this figure increases to about 70%. For commercial quantities, offenders always go to jail and the length of sentence is usually somewhere between 2 and 12 years.

Cannabis is treated less seriously. About 30% of cannabis suppliers dealt with in the Local Court and about 50% of those dealt with in the superior courts, are imprisoned. However, imprisonment rates increase to 100% for commercial quantities.

In NSW you can be convicted of 'ongoing supply' if you are found guilty of having committed the offence of supply, for money, on three or more separate occasions during any 30-day period. It doesn't have to be the same type of drug each time. This is considered to be a far more serious offence than a single supply offence. It is a strictly indictable offence, which means it can't be finalised in the Local Court. The maximum penalty for this offence is a fine of \$385,000 or 20 years imprisonment, or both.

Take care if you are thinking of making admissions about supply to the police. Talk to an experienced lawyer first. There is also some general information about your rights and the police at the beginning of this section.

Manufacture/cultivation

Legal status

It is an offence to manufacture, or participate in the manufacture of, a prohibited drug without lawful authority. Cultivation of prohibited plants is also an offence. Despite what you might have heard, in NSW you are not allowed to grow cannabis plants for your personal use.

It is also an offence to possess precursors (e.g. pseudoephedrine) with the intent to use these to manufacture prohibited drugs. In NSW, it is also an offence to expose children to the manufacturing or production process of illegal drugs, or to substances being stored for use in that manufacturing or production process. It is also a serious offence to

cultivate drugs hydroponically and to expose children to this process.

Penalties/practices

The maximum penalties for cultivation or manufacture are similar to those for supply, depending on the type and quantity of drug involved, the offender's role, which court is dealing with the case and whether children have been exposed to the cultivation or manufacturing process. If you are caught in possession of precursors, the police must establish your intention to use the precursor to manufacture prohibited drugs.

The maximum penalty for this offence is a fine of \$220,000 and/or imprisonment of 10 years.

Drug supply & manslaughter

Legal status

Depending on the circumstances, it is possible for someone to be charged and found guilty of manslaughter, if they supply drugs to a person who subsequently dies from taking those drugs. As the law stands, it is unlikely that you would be found guilty of manslaughter if you have supplied illegal drugs to someone who voluntarily self-administers the drug and subsequently dies of an overdose. However, you may be charged with manslaughter if you have done a further act which then leads to the deceased overdosing - for example, if you encouraged the deceased to take drugs, prepared the mixture and gave it to the deceased. If you have deliberately cut the drugs with something lethal and given it to someone who dies as a result, you would be guilty of manslaughter or even murder. It is therefore advised you take great caution when providing others with drugs.

Drugs & driving

Legal status

It is an offence to drive under the influence of alcohol or any other drug. It is also an offence to drive with a "prescribed concentration of alcohol" (PCA) or a "prescribed illicit drug" (cannabis, speed or ecstasy) present in your saliva, blood or urine. It is also an offence to have cocaine or morphine (which can include heroin) in your blood or urine, unless you

were using a morphine-based drug for medicinal reasons. The police don't have to prove that the drug actually affected your driving.

As well as random breath testing for alcohol, police in NSW now have the power to carry out roadside drug testing on any driver. This is done by an "oral fluid" test, requiring the driver to lick the test pad of a device. This tests for the presence of THC (cannabis), methylamphetamine (speed, ice, crystal meth) and MDMA (ecstasy).

If a positive sample is detected, you will be required to provide a second sample which will be run through another oral screening device. If a second positive test is found, a sample of your saliva will be taken and sent to a laboratory for confirmation. You will not be charged at this stage, although you may be prohibited from driving for 24 hours. It is an offence to refuse to submit to a random breath test or drug test.

Penalties/practices

Penalties for drink-and drug-driving can be severe. In most cases, you will have to pay a fine and you will also be disqualified from driving for a period of time – from a few months to several years. In serious cases, or for repeat offences, you could go to jail.

The penalty and disqualification will depend on the type of drivers license you hold, the amount of alcohol or drug involved, whether your driving was dangerous and whether it is your first offence. For example, driving with an illicit drug present in your blood, saliva or urine carries a maximum fine of \$1,100 with an automatic disqualification of your right to drive for 12 months, (this period can be increased or reduced, but cannot be reduced below 6 months) for a first offence.

For a second offence, the maximum fine is \$2,200 and the disqualification is 3 years (this can be increased or reduced, but cannot be reduced below 12 months) Offenders found guilty of this offence are usually fined between \$300 and \$1,000, with the average fine being about \$500.

A first offence of driving under the influence can get you up to 9 months in jail and 12 months disqualification. For driving under the influence, a higher proportion of offenders go to jail. Those who are not imprisoned can expect to be fined between \$300 and \$2,000, with the average fine

being about \$750.

Sex industry work

Brothel work

Legal status

It is legal to do sex work in a brothel that has an approved development application from the local council. Workers and clients must be at least 18 years of age.

In NSW it is an offence to:

- advertise that premises are being used for the purposes of prostitution;
- offer or provide sex work in premises that are advertised as massage services, saunas, physical exercise or photographic services. This includes workers in massage clinics who do hand relief;
- coerce or unduly influence a person to either do sex work or hand over any money earned from sex work

Although it is no longer an offence for owners, managers or other people employed in brothels to live off the earnings of a prostitute, it is still an offence for anyone else to live off the earnings of a prostitute.

Penalties/practices

Offences and their maximum penalties are as follows:

- Providing sex services in premises that are advertised as something else, (such as massage parlours, baths, photographic premises or studios) \$550 fine or 3 months imprisonment, or both;
- Advertising premises as a brothel: \$660 fine, 3 months imprisonment;
- Advertising for prostitutes: \$1,100 fine, 3 months imprisonment;

- Knowingly live wholly or part on the earnings of prostitution (this applies to pimps, not to sex workers who live off their own earnings) \$1,100 fine, 12 months imprisonment;
- By coercive conduct or undue influence, cause or induce another person to commit an act of prostitution or make a person surrender any proceeds of an act of prostitution: \$5,500 fine, 12 months imprisonment;
- Allowing premises to be used for prostitution when it is being advertised as something else: \$5,500 fine, 12 months imprisonment;
- Procuring a person for prostitution: 7 years' imprisonment (or 10 years if drugs, fraud, violence etc are used);
- Knowingly allowing a person under 18 to provide sex work: 10 years' imprisonment (or 1 year if the child is under 14).

Home sex work

Legal status

If you work alone from your home it is considered that you are working in a brothel. Therefore all the laws relevant to brothels apply, except that if you are working from home on your own, you do not have to apply for planning permission from the local council.

Street sex work

Legal status

It is illegal to solicit a person for the purposes of prostitution in:

- a church, school or hospital; or
- a road or road-related area (which can include a footpath) near or within view of a dwelling, church, school or hospital.

It is also an offence to solicit a person for the purpose of prostitution in a manner that harasses or distresses them, in or near, or within view from, a dwelling, school, church, hospital or public place. While

it is legal to solicit in an area that is not one of those places referred to above, or near or within the view of such a place, you must keep in mind how broadly the police may interpret the words 'near' and 'within view of'. 'Soliciting' may include any conduct (whether blatantly obvious or quite subtle) that amounts to an invitation of prostitution. Merely agreeing to do an act of prostitution, or being willing to do a job if someone asks you, is not soliciting. The offence of soliciting can be committed by both sex workers and clients.

It is illegal to take part in an act of prostitution:

- in, or within view from, a school, hospital, church, or public place; or
- within view from a dwelling (you could be guilty of this offence if you were working from home or a brothel and the neighbours could see you from their place); or
- in a car in or within view from a school, hospital, church, or public place, or within view from a dwelling. It does not matter if you cannot be seen from outside of the car.

Penalties/practices

Although the offence of soliciting can be committed by both sex workers and clients, workers get charged more often than clients. Sex workers are often caught by undercover police officers. While there is no defence of "entrapment", a sex worker may be able to beat the charge by arguing that the undercover officer and not the sex worker, was doing the soliciting.

The maximum penalty for soliciting in a place where such activity is prohibited is a fine of \$660 or imprisonment for 3 months. Soliciting in a manner which harasses or distresses another person carries a maximum fine of \$880 or imprisonment for 3 months. Public acts of prostitution are punishable by a maximum fine of \$1,100 or 6 months' imprisonment. These are all summary offences (dealt with in the Local Court).

Sex workers who get caught soliciting are usually fined between \$250 and \$500, with the average fine being about \$250. Clients caught

soliciting usually receive slightly higher fines (average \$400), although they are also more likely to have their charges dismissed under section 10 without a conviction or penalty. Public acts of prostitution generally attract slightly higher fines than soliciting.

Discrimination

Legal status

In New South Wales, the Anti-Discrimination Act prohibits the discrimination or vilification of an individual based on their race, sexual orientation, gender, marital status, disability, age, or HIV/AIDS status. Vilification is a public act (including speaking, writing and broadcasting) which incites hatred towards, serious contempt for, or severe ridicule of a person or group of people. 'Disability' includes being hepatitis C positive or having an associated illness.

In NSW anti-discrimination law does not prevent an individual from being discriminated against due to a disability relating to that individual's addiction to a prohibited drug, if they were addicted at the time of the discrimination. However, the definition of prohibited drug does not include methadone or buprenorphine so a person on methadone or buprenorphine is protected by anti-discrimination laws.

There is also legal protection against discrimination for people with disabilities under the Federal Disability Discrimination Act. Although the area of disability and drug use is contentious and somewhere unclear, there have been a number of court cases that have confirmed drug dependency as a disability for the purposes of the Federal Disability Discrimination Act. HIV and hepatitis C related discrimination is also illegal under the Federal Disability Discrimination Act.

Penalties/practices

If there has been a contravention of the Anti-Discrimination Act, the remedies are many and varied, depending on which tribunal or court is involved. Complaints under the NSW Anti-Discrimination Act can be made to the Anti-Discrimination Board in NSW. Complaints under the Federal Disability Discrimination Act can be made to the Commonwealth Human Rights and Equal Opportunity Commission. Consumer rights organisations in each region can give you further information, or you

can contact your local drug user organisation for assistance in making a complaint.

See the legal and discrimination section in the services directory for the contact numbers for anti-discrimination and equal opportunity bodies and other services. Consumer rights organisations in each region can give you further information, or else you can contact your local drug user organisation for assistance in making a complaint.

Sexuality

Sexual relationships

Legal status

The legal age of consent for a girl or boy to have sexual relations with a person of the same or opposite sex is 16 years. A person who has sexual relations with a person under those ages is guilty of an offence.

Penalties/practices

The maximum penalties range from 10 to 25 years imprisonment, depending on the age of the child and the type of sexual activity involved.

Blood borne viruses (BBVs) & sexually transmissible infections (STIs)

Hepatitis & HIV status

Legal status

Hepatitis and HIV are notifiable diseases which means medical practitioners must notify public health authorities of patients who are positive. Notification of HIV infection is by code number only.

In most cases it is unlawful to test without an individual consenting and being fully informed about the procedure. The Director-General of the Department of Health may require that a person undergo a medical examination, including a blood test, if the Director-General reasonably believes that a person is HIV positive.

A doctor may seek a public health order against a person who is infected with HIV if the doctor believes that person is endangering public health by their behaviour. The order may be for the person to have specific treatment, to refrain from certain behaviours, to undergo counselling or to submit to supervision. As a last resort a person may be detained.

Public health law in NSW specifies that if a person who knows they have a sexually transmissible medical condition (which includes HIV) is guilty of an offence if he or she has sexual intercourse with another person unless, before intercourse takes place, the other person has been informed of and voluntarily accepts the risk of contracting the sexually transmissible medical condition.

At criminal law in NSW a person who maliciously causes another person to contract a “grievous bodily disease” (which includes HIV), is guilty of a crime.

Penalties/practices

If your blood is taken, you have the right to know why and what tests will be conducted with the sample. If a blood sample is taken without your consent, except if the Director-General so orders, you may have the right to take legal action for assault or make a complaint to the Health Care Complaints Commission.

It is an offence for a service provider to reveal a client or patient's HIV status without their consent, unless the disclosure is necessary for the provision of the service or is otherwise authorised by law (e.g. by a court order). The maximum penalty is a fine of \$5,500.

If a service provider is concerned that a client is HIV positive and is putting others at risk, they may notify the Department of Health, which may take action accordingly.

The maximum penalty for knowingly putting another person at risk of contracting a sexually transmissible infection is a \$5000 fine.

The maximum penalty for maliciously causing another person to contract a “grievous bodily disease” is 25 years imprisonment.

Sexually transmissible infections (STIs)

Legal status

It is an offence for a person who knows that they have a sexually transmissible medical condition to have sexual intercourse with another person unless, before the intercourse takes place, they inform the other person of the risk of transmission and that person agrees to accept the risk. Even if you take precautions such as using a condom, you must still inform your partner. This does not include such activities as using the same needles when injecting.

It is an offence for an owner or a manager or a brothel to allow a worker to have sex for the purposes of prostitution if the worker is committing an offence as outlined above.

You may also be guilty of a more serious offence such as recklessly inflicting grievous bodily harm if you know or suspect you have a STI, but fail to take precautions and infect your partner. The offence would be even more serious if you deliberately set out to infect someone. These offences may be committed not just by sexual activity but by sharing needles.

Penalties/practices

The maximum penalty for not disclosing a STI to a prospective sexual partner is a fine of \$5,500. For recklessly inflicting grievous bodily harm, the maximum penalty is 10 years imprisonment; for intentionally inflicting grievous bodily harm, the maximum penalty is 25 years imprisonment.

Possession of a prohibited drug

Legal status

It is an offence to possess a drug of dependence unless you are authorised under the Drugs Poisons and Controlled Substances Act to do so.

Proving possession

There are three elements required to prove possession: knowledge, custody and control.

- Knowledge means that you must know what the substance (the drug) is.
- Custody means having the drugs in your physical possession (for example, in your pocket or wallet or under your pillow).
- Control means that you have the right to do something with the drugs (for example, keep or use them). It may be difficult for the police to establish all of these elements if you don't make any admissions. For example, if you share a house and drugs are found by the police in non-private parts of the house (say, the kitchen, lounge room or bathroom), it is difficult to establish sole possession. Shared possession is also hard to prove without an admission.

Penalties/practices

The maximum penalty for possession of less than 50 grams of cannabis not for the purpose of trafficking is a fine of \$500.

The maximum penalty for possession of more than 50 grams of cannabis not for the purpose of trafficking and for all other drugs of dependence not for the purpose of trafficking is a fine of \$3,000 or 1 year imprisonment, or both.

In all other cases (for example, where possession is found to be for the purpose of trafficking) the maximum penalty is a fine of \$40,000 or imprisonment for 5 years, or both.

Possession over and above a particular amount of an illicit drug (amounts vary with different drugs) will be 'deemed supply' (see 'Supply/trafficking'). These charges will be supported by the presence of other equipment such as scales, foils and deal bags.

Cautions/fines for minor cannabis offences

In some States and territories (and sometimes in only a part of a State or Territory) police will caution you or give you an on-the-spot fine for possessing or growing small amounts of cannabis or for possessing small amounts of other illegal drugs, instead of charging you. You should be aware that when this happens it is not because the drugs have been made legal. Police have a choice whether to issue a caution or an on-the-spot fine. You don't have a right to get a caution or on-the-spot fine and the police will usually only issue one to a first-time offender, who must admit to possession of the illegal drug.

Look out for further developments in this area, as there are some new trials of cautioning procedures taking place, which could eventually become permanent. The situation outlined here is correct at the time of publication.

Victoria has implemented a statewide cannabis cautioning system following the completion of a successful trial. The cautioning system applies to first-time offenders in possession of not more than 50 grams of cannabis leaf, stalk and seeds for personal use. To be eligible for a caution, you must admit to the offence. A caution can be offered on no more than two occasions.

The decision whether to offer you a caution is up to the police and they can choose to charge you if they think that is more appropriate. You must be 17 years old to be eligible for a caution. People under 17 years old can receive a warning, which will be done in consultation with the person's parents.

Self-administration & administering to others

Legal status

It is illegal to use a drug of dependence, or to introduce a drug of

dependence into another person's body, without being authorised under the Drugs Poisons and Controlled Substances Act to do so. 'Drugs of dependence' includes cannabis, heroin, cocaine, amphetamines, ecstasy, LSD and methadone.

Penalties/practices

Where the offence relates to cannabis there is a maximum fine of \$500. Where it relates to drugs other than cannabis a maximum fine of \$3,000 or 12 months imprisonment, or both. Self-administration charges are rare.

Remember that you have the right to seek legal advice prior to answering any questions. There is also some general information about your rights and the police at the beginning of this section.

Possession of fits & other equipment

Legal status

Possession of fits and other drug-using equipment is legal in Victoria, but used or unused equipment may be taken as evidence of drug use and therefore self-administration. Although it is legal to receive a fit from an authorised needle & syringe program, it is illegal to pass it on to someone else if you are not 'authorised' to supply equipment.

Penalties/practices

It is unlikely that police would charge you with possession on the basis of the minute quantities of drugs that are present in used fits. However, if you make admissions about using (self-administration) or you are found to be holding (possession), the fit or fits may be taken as corroborating evidence.

If you are concerned about used fits and trace elements you can flush them with water immediately after use but the best approach is to dispose of them in a disposal container and return them to a needle & syringe program. It is also important to be aware of what you might be carrying when you go to a needle & syringe program to pick up or return fits.

Disposal of fits

Legal status

It is an offence to litter including disposing of needles & syringes in public places. Disposal of used injecting equipment into household waste is legal in Victoria but it is not recommended in the public health information on safe disposal.

Manufacture/cultivation

Legal status

It is an offence to cultivate a narcotic plant.

With a charge of manufacture or cultivation you must be shown to be in possession of the equipment, drugs, plants, etc, involved. See 'Proving possession' (under 'Possession' above) for information about the basic elements of possession.

Penalties/practices

Where the court is satisfied that the offence was not committed for any purpose related to trafficking: maximum penalty \$2,000 or 12 months' imprisonment, or both.

Not less than the commercial quantity of 250 grams of cocaine, heroin or amphetamines or 100 grams of ecstasy or 50 milligrams of LSD: maximum penalty 25 years' imprisonment and \$250,000 fine.

Remember that you have the right to seek legal advice prior to answering any questions. There is also some general information about your rights and the police at the beginning of this section.

Supply/trafficking

Legal status

It is an offence to unlawfully supply or traffic in drugs of dependence. Because sharing a deal or helping someone score is part of drug-using culture, many users act as suppliers from time to time. A charge of supply can even rest on an offer to score on another person's behalf.

There is also a number of other charges that can be made in relation to supply, including participating in supply and conspiracy to supply. Having above a certain quantity of drugs in your possession is known as 'deemed supply' unless you can prove that this whole quantity is for personal use. With deemed supply charges you are in effect guilty until proven innocent. That is, the quantity of drugs you have been found with is presumed to be for supply or sale unless you can prove otherwise.

It is not a good idea to make a statement to the police without first getting legal advice, but if the charge goes to court it may be useful to make admissions about your own use (if the drugs are for your use rather than for sale it may help if you are a 'heavy user'). Seeking legal advice is one of the best things to do under these circumstances. If trafficking occurs across State or Territory borders, Commonwealth laws will apply.

Penalties/practices

Where the amount of the drug is less than the 'commercial quantity' for that drug, the maximum penalty is a fine of \$100,000 or 15 years' imprisonment, or both.

Where the amount of the drug is the 'commercial quantity' or more for that drug, the maximum penalty is a fine of \$250,000 or 25 years' imprisonment, or both.

Commercial quantities of drugs (whether the drug is pure or mixed) are:

- heroin 1.5 kilograms;
- cannabis 100 kilograms;
- cocaine, amphetamines 2 kilograms;
- LSD 2 grams;
- ecstasy 500 grams.

Deemed supply penalties are usually the same as those for supply. The problem here is that you are seen as guilty until proven innocent. This is because the onus is on you to prove the drugs were for personal use, not for supply. It may be useful to make admissions about your own use

in this situation. However, it is not a good idea to make a statement to police without first getting legal advice.

Possession of the drugs you are charged with supplying is a factor in the charges of supply sticking (see 'Proving Possession' above). Supplying to people who are under age usually carries tougher penalties.

The quantities at which possession will be deemed to be for the purposes of supply trafficking are:

- heroin, cocaine and amphetamine 2 grams;
- Cannabis 250 grams;
- LSD 0.002 gram;
- Ecstasy 0.5 gram;

Remember that you have the right to seek legal advice prior to answering any questions. There is also some general information about your rights and the police at the beginning of this section.

Drug supply & manslaughter

Legal status

Depending on the circumstances, it is possible for someone to be charged and found guilty of manslaughter, if they supply drugs to a person who subsequently dies from taking those drugs. As the law stands, it is unlikely that you would be found guilty of manslaughter if you have supplied illegal drugs to someone who voluntarily self-administers the drug and subsequently dies of an overdose. However, you may be charged with manslaughter if you have done a further act which then leads to the deceased overdosing - for example, if you encouraged the deceased to take drugs, prepared the mixture and gave it to the deceased. If you have deliberately cut the drugs with something lethal and given it to someone who dies as a result, you would be guilty of manslaughter or even murder. It is therefore advised you take great caution when providing others with drugs.

Drugs & driving

Legal status

It is illegal to drive while affected by an illicit drug, such as cannabis, ecstasy, ice or speed. It is also illegal to drive while impaired by any drug whether that drug is legal or illegal. Drug driving offences are not limited to public roads. They can be committed on private property. It's also an offence to:

- Refuse to provide a saliva sample, or stop at a Random Drug Test station;
- Be affected by illicit drugs while accompanying a learner driver;
- Refuse to undergo an assessment for drug impairment.

Roadside testing for illicit drugs is conducted using a saliva sample. A driver provides a sample by placing an absorbent collector in their mouth or touching it with their tongue.

- The test takes around five minutes.
- Drivers who return a positive test will require further tests
- Before any charge can be laid, the saliva sample must be confirmed by laboratory testing

Penalties/practices

Roadside drug testing penalties:

In 2009-10, one penalty unit is \$116.82 – this may change and you should check online or call VicRoads for updated information.

- First offence – traffic infringement notice: 3 penalty units fine and 10 demerit points.
- First offence – court penalty: Up to 12 penalty units fine, 6 months licence cancellation, or 10 demerit points.
- Second offence – court penalty: Up to 60 penalty units fine and 12 months licence cancellation.

- Third and subsequent offences - court penalty: Up to 120 penalty units fine and 12 months licence cancellation.

Driving while impaired by a drug penalties:

- First offence – court penalty: Up to 12 penalty units fine, 12 months licence cancellation or two years licence cancellation (for refusing to undergo a drug impairment assessment).
- Second offence – court penalty: Up to 120 penalty units fine, 2 years licence cancellation or four years licence cancellation (for refusing to undergo a drug impairment assessment).
- Third and subsequent offences - court penalty: Up to 180 penalty units fine, 2 years licence cancellation or four years licence cancellation (for refusing to undergo a drug impairment assessment).

People who lose their license as a result of drug driving offence must undertake a drug education and assessment course before being eligible to get their license back.

Sex industry work

Brothel work

Legal status

It is legal to work in a licensed brothel.

Penalties/practices

Workers can be charged for working in an unlicensed brothel. The Business Licensing Authority issues licenses. Properties are required to provide condoms, STD information and confidential medical examinations.

Escort work

Legal status

It is legal to work in a licensed escort agency. Up to two people can work

together as escorts without being licensed, but they have to register as 'exempt escorts'.

Street sex work

Legal status

It is illegal to solicit or accost people for the purposes of prostitution in a public place.

Penalties/practices

Workers and clients can both be fined or jailed.

Home sex work

Legal status

Up to two people may work together as prostitution service providers without having to be licensed, but they have to register as 'exempt brothel workers'.

Penalties/practices

As for 'brothels' above.

Discrimination

Legal status

The Victorian Equal Opportunity Act prohibits the discrimination or vilification of an individual on a range of grounds including age, impairment (disability), industrial activity (for example, being a member of a union), lawful sexual activity, marital status, physical features, political belief or activity, pregnancy, race, religious belief or activity, sex and parental status or status as a carer. The Act also prohibits sexual harassment. 'Impairment' includes being hepatitis C or HIV positive or having an associated illness or being in treatment for drug dependency including methadone and/or buprenorphine.

There is also legal protection against discrimination for people with disabilities under the Federal Disability Discrimination Act. Although the area of disability and drug use is contentious and somewhere unclear,

there have been a number of court cases that have confirmed drug dependency as a disability for the purposes of the Federal Disability Discrimination Act. HIV and hepatitis C related discrimination is also illegal under the Federal Disability Discrimination Act.

Victoria is also one of only two jurisdictions in Australia that has specific human rights legislation (along with the ACT). The Victorian Charter of Human Rights & Responsibilities 2006 is an Act of Parliament that sets out basic rights and freedoms, and the responsibilities that go with them. The Charter focuses on civil and political rights, and includes democratic rights such as the right to vote and freedom of expression, protection from forced work, the right to privacy, the right to a fair trial, cultural rights.

Government departments and public bodies must observe these rights when they create laws, set policies and provide services. This means that Government, public servants, local councils, Victoria Police and others are required to act in a way that is consistent with the human rights protected under the Charter. These bodies must comply with the Charter and take human rights into account in their day-to-day operations.

Penalties/practices

Penalties for discriminatory actions vary, depending which tribunal or court is involved. Complaints about discrimination under the Victorian Equal Opportunity Act can be made to the Victorian Equal Opportunity and Human Rights Commission and other complaints commissions such as the Health Services Commission. Complaints under the Federal Disability Discrimination Act can be made to the Commonwealth Human Rights and Equal Opportunity Commission (HREOC).

There is no additional right to legal action for a breach of the Human Rights Charter. The focus of the Charter is about getting things right at a planning and policy stage, rather than awarding compensation. It is designed to ensure the Government anticipates and prevents potential human rights infringements. However, the Charter allows a person to raise a human rights argument in a court or tribunal in an existing case. When complaints handling bodies such as the Health Services Commission and the Victorian Equal Opportunity & Human

Rights Commission deal with existing complaints, they also need to give consideration to human rights.

Additionally, the Victorian Ombudsman investigates complaints about the Victorian government departments, most statutory authorities and local government. Under the Charter, the Ombudsman's office has the power to investigate whether any administrative action is incompatible with a human right.

See the legal and discrimination section in the services directory for the contact numbers for anti-discrimination and equal opportunity bodies and other services. Consumer rights organisations in each region can give you further information, or else you can contact your local drug user organisation for assistance in making a complaint.

Sexuality

Sexual relationships

Legal status

If you are between 10 and 16 years old you can have sex with another person as long as you consent and you are either married or not more than 2 years younger or older than the other person.

Between 16 and 17 years, it is illegal for someone who is your supervisor or carer to have sex with you, even if it is consenting.

For anyone 17 and older, there is no restriction on sexual relationships, apart from consent being present.

Blood borne viruses (BBVs) & sexually transmissible infections (STIs)

Hepatitis & HIV status

Legal status

Hepatitis and HIV are notifiable diseases which means medical practitioners must notify public health authorities of patients who are positive. Notification of HIV infection is by code number only.

In most cases it is unlawful to test without an individual consenting and

being fully informed about the procedure.

If a service provider is concerned that a client is HIV positive and is putting others at risk, they may notify the Department of Health, which may take action accordingly.

Public health law in Victoria does not specifically require an HIV-positive person to disclose their HIV status before having sex or engaging in unsafe injecting practices. The law states that a person must not knowingly or recklessly infect another person with an infectious disease.

At criminal law in Victoria a person who intentionally causes another person to be infected with a “very serious disease” (which includes HIV) is guilty of a crime. In Victoria, the offence of “conduct endangering life” has been used to charge HIV-positive people who place others at risk of HIV infection.

Penalties/practices

If your blood is taken, you have the right to know why and what tests will be conducted with the sample. If a blood sample is taken without your consent and without a court order you may have the right to take legal action for assault or make a complaint to the Health Services Commission.

It is an offence for a service provider to reveal a client or patient's hepatitis or HIV status without their consent, unless the disclosure is necessary for the provision of the service or is otherwise authorised by law (e.g. by a court order). The maximum penalty is a fine of \$5,500.

The maximum penalty for being found guilty of knowingly or recklessly infecting another person with an infectious disease is a fine of \$20,000. In addition, it is a defence to a charge under this law, to show that the person who becomes infected with the infectious disease knew of and voluntarily accepted the risk of infection.

The maximum penalty for being found guilty of intentionally causing another person to be infected with a “very serious disease” is imprisonment for up to 25 years. The maximum penalty for the offence of conduct endangering life is 10 years imprisonment.

Sexually transmissible infections (STIs)

Legal status

It is an offence for a person who knows that they have a sexually transmissible medical condition to have sexual intercourse with another person unless, before the intercourse takes place, they inform the other person of the risk of transmission and that person agrees to accept the risk. Even if you take precautions such as using a condom, you must still inform your partner. This does not include such activities as using the same needles when injecting.

It is an offence for an owner or a manager or a brothel to allow a worker to have sex for the purposes of prostitution if the worker is committing an offence as outlined above.

You may also be guilty of a more serious offence such as recklessly inflicting grievous bodily harm if you know or suspect you have a STI, but fail to take precautions and infect your partner. The offence would be even more serious if you deliberately set out to infect someone. These offences may be committed not just by sexual activity but also by sharing needles in relation to HIV transmission.

Penalties/practices

The maximum penalty for not disclosing a STI to a prospective sexual partner is a fine of \$5,500. For recklessly inflicting grievous bodily harm, the maximum penalty is 10 years imprisonment; for intentionally inflicting grievous bodily harm, the maximum penalty is 25 years imprisonment.

Possession of a prohibited drug

Legal status

A person who unlawfully has possession of a 'dangerous drug' is guilty of a crime. Dangerous drugs include heroin, methadone, cocaine, cannabis, LSD, MDMA and amphetamines. The way possession is treated by the law will depend primarily on the quantity and type of drugs involved.

Proving possession

There are three elements relevant to proving possession: knowledge, custody and control.

- Knowledge means that you must know that the substance is a drug and that it is in your custody.
- Custody usually means having the drugs in your physical possession (for example, in your pocket or wallet or under your pillow). However, custody can also extend to include such places as your house or car.
- Control means that you have the right to do something with the drugs (for example, keep or use them).

Actual possession and the intention to possess may be inferred from a range of circumstances. Possession can be jointly held. If you are looking after drugs for someone else, you can still be guilty of possession, because the drugs are in your custody and control.

Penalties/practice

Penalties will depend on the quantity of drugs involved. If you are a heavy user with a significant quantity of drugs in your possession for personal use only, it may be a good idea to make a statement to that effect to police at an early stage.

You should also be aware however that you are not obliged to provide police with any information other than your name and address. Any statements you make can form part of the evidence by which you are later charged.

A person charged with possessing less than 2 grams of pure heroin, cocaine, amphetamines or ecstasy or 500 grams/ 100 plants of cannabis may have the case heard summarily in the Magistrates' Court.

A person against whom proceedings are taken summarily is liable, on conviction, to a maximum of 3 years' imprisonment.

Where possession is not prosecuted as a summary offence, a maximum penalty of 15 years imprisonment applies.

Possession of quantities greater than those listed above can attract maximum penalties of between 20 and 25 years imprisonment.

Police diversion program

Legal status

Queensland has instituted a diversion program in relation to 'minor cannabis offences', being possession of not more than 50 grams of cannabis, or equipment used for consuming cannabis. The program does not cover offences involving production supply or trafficking.

The program does not mean that cannabis possession or use has become legal and it is not compulsory for diversion to be granted for minor offences. Diversion is only offered on a first offence and failure to comply with conditions will result in an ordinary prosecution. A precondition to diversion is that the person admits the offences.

Where diversion is granted, a person will not be charged with a criminal offence, will not need to attend court and will not have a criminal record. They will receive factual information about the consequences of marijuana use and assistance to stop using cannabis through an assessment, education and counseling session.

Self-administration & administering to others

Legal status

While there is no "self-administration law" per se in Queensland it is illegal to administer a dangerous drug to another person or possess equipment used to self-administer under the Drugs Misuse Act and

associated regulations. The Act specifies over 100 drugs that are classified as “dangerous drugs” but the most common ones includes heroin, methadone, cocaine, amphetamines and methamphetamines, cannabis, MDMA/ecstasy and LSD.

Penalties/practices

Where the offence relates to cannabis there is a maximum fine of \$500. Where the offence relates to a drug other than cannabis there is a maximum fine of \$3,000 or 12 months imprisonment, or both. Self-administration charges are rarely made.

Remember that you have the right to seek legal advice prior to answering any questions. See Chapter 4 for more information.

Possession of fits & other equipment

Legal status

It is legal to possess fits in Queensland, but it is illegal to possess any other equipment for use in administering an illegal drug. Although it is legal to receive fits from an authorised needle & syringe program, is illegal to pass them on to anyone else.

There are several legal obligations on people who possess fits. Failure to take all reasonable precautions to avoid danger to the life safety or health of another in relation to fits in your possession is an offence.

It is also an offence to fail to dispose of fits as required by law – that is, in a disposal container and/or returning them to an authorised needle & syringe program, a pharmacist or medical practitioner. See below for further information.

Penalties/practices

It is unlikely you would be charged with possession for having a used fit containing traces of drugs, but used fits could be used as supporting evidence for a charge of possession. It is recommended that all equipment is disposed in an approved container promptly after use to avoid hassles and to prevent the spread of viruses. You can also flush fits after use if you are concerned about trace elements.

You are required to give your correct name and address to police but anything else you say can form the evidence on which you are later charged. Remember that no conversation with police is “off the record”.

Be aware also of what you might be carrying when you go to a NSP to pick up or return fits. Maximum penalties for charges of unauthorized supply of fits, failure to take reasonable care with fits or unauthorized disposal is 2 years imprisonment.

Maximum penalty for possession of equipment (other than needles) for use in administration, consumption or smoking of a ‘dangerous drug’ is 2 years imprisonment.

Disposal of fits

Legal status

Queensland has a unique legal situation in relation to the disposal of used injecting equipment. In Queensland it is a specific offence to fail to dispose of fits in the proper manner as required by law – that is, by placing them in a rigid wall, puncture-proof container that is sealed or closed in such a manner that its contents are incapable of causing injury to any person and/or returning them to an authorised needle & syringe program, a pharmacist or medical practitioner.

Drug Premises

Legal Status

It is an offence for a person who is the occupier, or who is concerned with the management or control of a place, to permit that place to be used for the commission of a drug offence. It is not necessary for the police to show that the person had any involvement in the offence, other than allowing the place to be used for the offence, and having knowledge that the place was being used for the offence. The person does not need to be benefiting from the commission of the offence. Examples of this offence are:

- the landlord of a property allowing the tenant to grow marijuana plants in the back yard;

- the owner of an office allowing someone to sell drugs from that office;
- a body corporate manager allowing someone to produce amphetamines from a spare garage in a block of units.

Penalties/practices

The maximum penalty for this offence is a period of imprisonment of up to fifteen (15) years.

Production

Legal status

It is an offence to be involved in the production of dangerous drugs or their precursors. With a charge of production you must be shown to be in possession of the equipment (drugs, plants and so on) involved.

It is also an offence to unlawfully publish instructions, or be in possession of a document containing instructions, about how to produce a dangerous drug.

It is also an offence to be in possession of prohibited equipment of combinations of things used in producing a dangerous drug.

Proving possession

There are three elements relevant to proving possession: knowledge, custody and control.

- Knowledge means that you must know that the substance is a drug and that it is in your custody.
- Custody usually means having the drugs in your physical possession (for example, in your pocket or wallet or under your pillow). However, custody can also extend to include such places as your house or car.
- Control means that you have the right to do something with the drugs (for example, keep or use them).

Actual possession and the intention to possess may be inferred from a range of circumstances. Possession can be jointly held. If you

are looking after drugs for someone else, you can still be guilty of possession, because the drugs are in your custody and control.

Penalties/practice

Maximum penalties applicable to production charges depend on the type of drug, quantity and surrounding circumstances, but range from 15 to 25 years' imprisonment.

Maximum penalties in relation to publishing or being in possession of instructions on production range from 20 to 25 years imprisonment, depending on the type of drug.

Maximum penalty for possession of prohibited equipment for use in production is 15 years imprisonment.

Maximum penalty for possession of prohibited combination of things (e.g. chemicals) is 25 years imprisonment.

Where a sentence of imprisonment of not more than 15 years imprisonment is applicable to any of the above offences, the charged can be tried summarily, wherein a maximum penalty of 3 years imprisonment will apply.

Supply/trafficking

Legal status

It is an offence to traffic in a dangerous drug or supply a dangerous drug to another. A supply charge can attach to a person who gives, distributes, sells, administers, transports or supplies a dangerous drug to another person(s). Because sharing a deal or helping someone score is part of drug-using culture, many users act as suppliers from time to time. A charge of supply can even rest on an offer to score on another person's behalf.

There are also a number of other charges that can be made in relation to supply, including participating in supply and attempt or conspiracy to supply.

Supply will be considered 'aggravated supply', resulting in a higher penalty, when the drug is supplied to a person under 18, an intellectually impaired person, a person within an education institution or correctional

facility, or a person who does not know they are being supplied with that substance.

Penalties/practice

Maximum penalty for supply of dangerous drugs including heroin, cocaine, amphetamines, methamphetamine and MDMA is 20 years imprisonment (25 years in cases of aggravated supply).

Maximum penalty for supply of dangerous drugs including cannabis, methadone, morphine, opium and diazepam is 15 years imprisonment (20 years in cases of aggravated supply).

Maximum penalties of 25 years and 20 years imprisonment will attach to the more serious charge of trafficking in relation to the drugs listed in paragraphs 1 and 2 above respectively.

Drug driving

It is an offence to drive attempt to drive or be in control of a vehicle or vessel whilst 'under the influence' of a drug. This offence is focused on the effect on your driving as opposed to whether the relevant drug is legal or not, for example, where you're driving is erratic or you have been involved in an accident.

If a police officer reasonably suspects your driving ability to be impaired by drugs you may be required to provide a blood sample to be tested. You should check with your prescribing doctor or pharmacist about affects of legal drugs on driving ability if you are concerned and follow your recommended dose.

It is also an offence to drive attempt to drive or be in control of a vehicle or vessel while a relevant drug is present in your saliva or blood stream.

Random roadside drug testing is performed in Queensland and will test for the active ingredients in cannabis, amphetamine type substances and MDMA. Cold and flu tablets will not register on the tests. Saliva samples cannot be used for any other purpose than to test for the presence of the relevant drugs. It is an offence to fail to provide a saliva or blood sample to an authorised officer acting in the course of their duties.

Penalties/practice

Maximum penalties for driving under the influence of drugs:

- First offence: \$2,100 fine or 9 months imprisonment;
- Subsequent offence within five years of conviction: \$4,500 fine or 18 months imprisonment;
- Third offence within five years of conviction: a mandatory term of imprisonment must be imposed.

Disqualification from driving will attach in each of these scenarios for periods of 6 months, 1 year or 2 years respectively.

Maximum penalties for driving with a relevant (illegal) drug present in saliva or bloodstream:

- First offence: \$1,050 fine or 3 months imprisonment;
- Subsequent offence within five years of conviction: \$1,500 fine or 6 months imprisonment;
- Third offence within five years of conviction: \$2,100 fine or 9 month's imprisonment.

License suspensions will apply also. Maximum period of disqualification from driving for a first offence is 9 months.

Note - penalties will vary depending on the number of related driving offences a person has been charged with as well as the circumstances of the particular case. Further information can be obtained on a confidential basis by contacting the Alcohol and Drug Information Service - see the service directory in this booklet for their details.

Sex industry work

Brothel work

Legal status

It is not an offence to engage in sex work in a licensed brothel. Any person is able to apply for a license to the Prostitution Licensing Authority provided they do not have an interest in any other brothel and

have not committed any relevant offences such as violence or sexual offences.

A manager will also need to apply for an approved manager's certificate, whilst planning permissions in the form of a development application will also be required. A brothel is not able to have more than 13 staff at any one time. All acts of prostitution must occur on the licensed premises and the licensee or approved manager must be present at all times the business is operating. It is advisable to obtain legal advice and assistance if you are considering setting up a brothel.

It is not an offence to work in a strip club that has the requisite permits. It is a serious offence to be engaged in the provision of sexual services as worker or client where there are two or more sex workers on the premises and the requisite license has not been obtained. Sex workers doing split shifts from the same unlicensed premises can be charged, as can workers who are doing call-outs away from any licensed premise.

It is also an offence for workers or clients to engage in sexual acts without using prophylactics, or to be involved in sex work whilst infected with a sexually transmissible infection (STI). No one is permitted to discourage the use of prophylactics and recent testing cannot be used in transactions to show a person is free of a STI.

Serious penalties apply where a child or person of impaired mind is permitted to be on premises where 2 or more sex workers are engaged in sex work.

Police have extensive powers to ensure brothels and workers are compliant with these laws.

Penalties/ practice

Pursuant to the Criminal Code Act 1999 a person who knowingly participates in provision of prostitution faces maximum penalties:

- First offence: 3 years imprisonment;
- Second offence: 5 years imprisonment;
- Subsequent offence: 7 years imprisonment.

Conduct covered by this offence includes:

- providing money or resources so premises can be established for prostitution;
- facilitating a franchise or network of sex workers as though they were working independently;
- receiving benefit in return for the referral of clients;
- providing transportation knowing the transport is facilitating sex work.

A person who is found in premises or leaving premises reasonably suspected of being used for prostitution by two or more prostitutes faces a maximum penalty of:

- First offence: 3 years imprisonment;
- Second offence: 5 years imprisonment;
- Subsequent offences: 7 years imprisonment.

Maximum penalty for permitting a young person or person with impaired mind to be on site is 14 years imprisonment.

Pursuant to the Prostitution Act 1999 a maximum penalty for working at a licensed brothel whilst infected with a sexually transmissible infection is a \$7,500 fine. Maximum penalty for presenting tests as evidence a person is not infected is a \$3,000 fine.

Note - penalties applicable to licensees and managers are not dealt with here.

Escort work/home work

Legal status

Escort agencies are illegal in Queensland. It is also illegal for a brothel manager to provide sexual services at a place other than the licensed brothel.

A single sex worker can work alone, but where two or more persons are involved with the business, serious penalties can apply (see Brothel

Work). A single sex worker can have a licensed security guard on site, but cannot employ a driver or receptionist.

Restrictions apply to advertising and nuisance offences may apply where prostitution causes unreasonable annoyance or disruption to the privacy of others.

Street Work

It is an offence to publicly solicit for prostitution. To 'solicit' is to offer to provide or accept prostitution. Public soliciting for prostitution involves soliciting a person in a public place, within view or hearing of public place and loitering in or within view of a public place. This offence applies equally to clients and workers.

Penalties/practice

Maximum penalty for a first offence is a \$1,125 fine; for a second offence a \$1,500 fine; for subsequent offences, a fine of \$2,250 or 6 months imprisonment.

Other laws

As an employer a licensee of a brothel is required by common law and statutory law to take all reasonable steps to provide a safe work environment. Worker's compensation or other compensation may be available where an injury is sustained in the workplace in the course of employment.

In addition to normal criminal laws, specific laws are in place to prevent the following forms of conduct towards sex workers when done to pressure continued engagement in sex work:

- causing or threatening injury to the person or anyone else;
- causing or threatening damage to property of the person or anyone else;
- intimidating or harassing the person or anyone else;
- making a false representation or using any false pretence or other fraudulent means.

Maximum penalty is a \$17,500 fine or 7 years imprisonment.

Legal support is generally recommended whenever victims of crime are pursuing remedies, whether these involve applications for compensation or following up to ensure an investigation is occurring. Making a report to police as soon as possible regarding the incident is crucial.

Discrimination

Legal status

In Queensland the Anti-Discrimination Act makes it illegal to discrimination against someone on the grounds of their gender, marital status, pregnancy, parental status, breast feeding, age, race, impairment (disability), religion, political belief or activity, trade union activity, lawful sexual activity. It is also illegal under the Act to sexually harass another person. The Act also prohibits incitement to racial or religious hatred. 'Impairment' includes being hepatitis C or HIV positive or having a related illness and/or being on a drug treatment program including methadone or buprenorphine.

There is also legal protection against discrimination for people with disabilities under the Federal Disability Discrimination Act. Although the area of disability and drug use is contentious and somewhere unclear, there have been a number of court cases that have confirmed drug dependency as a disability for the purposes of the Federal Disability Discrimination Act. HIV and hepatitis C related discrimination is also illegal under the Federal Disability Discrimination Act.

Penalties/practices

Penalties for discriminatory actions vary, depending on which tribunal or court is involved. Complaints under the Qld Anti-Discrimination Act can be made to the Queensland Anti-Discrimination Commission and other complaints commissions such as the Queensland Health Quality & Complaints Commission. Complaints under the Federal Disability Discrimination Act can be made to the Commonwealth Human Rights and Equal Opportunity Commission.

See the legal and discrimination section in the services directory for the contact numbers for anti-discrimination and equal opportunity bodies

and other services. Consumer rights organisations in each region can give you further information, or else you can contact your local drug user organisation for assistance in making a complaint.

Sexual relationships

Legal status

It is legal for a boy of any age to have sex with a girl who is 16 years or older. Homosexual sexual relationships between boys are legal if both boys are over 18 years. For girls who have sex with girls there is no law regarding age of consent (that is, it is legal at any age).

Penalties/practices

There are varying penalty scales in relation to whether the offence is committed in respect of a child under 16 or 12 years.

Blood borne viruses & sexually transmissible infections

Legal status

Hepatitis and HIV are notifiable diseases. Notification of HIV infection is by code number only. Any contacts provided by the HIV-positive person will be contacted and told they may have come into contact with an HIV positive person. You are not required by law to have a hepatitis or HIV test. For either test to be done you must give your consent.

Queensland public health law does not specifically require an HIV-positive person to disclose their HIV status before having sex or engaging in other risk behaviours that could transmit HIV. The law makes it an offence to deliberately or recklessly infect another person, or to place them at risk of infection.

The criminal law provides that a person who transmits a serious disease (including HIV) to another person is guilty of a crime.

Penalties/practices

If your blood is taken you have the right to know why and what tests will be conducted with the sample. If blood is taken without your consent, except on subpoena or court order, you may have the right to take legal

action for assault.

The maximum penalty for deliberately or recklessly infecting another person or placing them at risk of infection is a fine of \$20,000, or imprisonment for two years. It is a defence to such a charge if the other person knew of and voluntarily accepted the risk of infection.

The maximum penalty for a person who transmits a serious disease is life imprisonment.

Possession of a prohibited drug

Legal status

It is an offence to possess a 'drug of addiction' or a 'prohibited drug' unless a doctor has lawfully prescribed that drug.

Proving possession

There are three elements relevant to proving possession: knowledge, custody and control.

- Knowledge means that you must know that the substance is a drug and that it is in your custody;
- Custody usually means having the drugs in your physical possession (for example, in your pocket or wallet or under your pillow). However, custody can also extend to include such places as your house or car;
- Control means that you have the right to do something with the drugs (for example, keep or use them).

Actual possession and the intention to possess may be inferred from a range of circumstances. Possession can be jointly held. If you are looking after drugs for someone else, you can still be guilty of possession, because the drugs are in your custody and control. There will be circumstances where, in the absence of admissions, possession will be difficult to prove to the satisfaction of the court.

Penalties/practices

Where a charge of simple possession is heard in the magistrates court the maximum penalty for any one offence is a fine of \$2,000 or imprisonment for 2 years, or both.

Possession for the purpose of supply (as opposed to personal use) is a much more serious offence. The presence of materials such as foils, deal bags, scales and log books increase the likelihood of such charges being laid. For further information see the section on "Supply".

Cautions/fines for minor cannabis offences

Whilst cannabis remains a prohibited substance under WA law, police have power to issue on-the-spot-fines for some minor cannabis offences.

Infringement notices can be issued, involving fines and cannabis education, where possession is of an amount of 30 grams or less (not resin) or possession is of materials used to prepare or smoke cannabis.

An infringement notice can also be issued where a person has not a maximum of two plants growing in their home and are not using hydroponic cultivation.

Police generally have a choice whether to issue an infringement notice or to charge you. You can speak to police about your eligibility. If you are under 18, police are obliged to preference the cautioning system over criminal charges. Where infringement notices are complied with, no further legal consequences attach and the matter will not appear on your criminal record for the purposes of employment.

Self-administration

Legal status

It is an offence to use a 'drug of addiction' or a 'prohibited drug or plant' unless a doctor has lawfully prescribed the drug.

Drugs of addiction and prohibited drugs include heroin, cocaine, amphetamines, LSD, ecstasy, cannabis and methadone.

Penalties/practices

Maximum penalty: \$2,000 fine or 2 years' imprisonment, or both. However a \$500 fine or probation, or both, is a common penalty, depending on prior convictions.

Charges of self-administration can be difficult to prove without admissions from you or another person. Remember that any statements you make to police form part of the evidence that can be used against you. No conversation with police is 'off the record'.

Possession of fits & other equipment

Legal status

It is legal to possess fits in Western Australia, but it is illegal to possess any other equipment for use in administering an illegal drug. Possession of fits may be used as evidence to support other charges.

A person who helps another commit an offence under the Drugs Misuse Act is also guilty of an offence. This includes giving someone else a needle & syringe to use in the self-administration of an illicit drug. A person not approved by the WA Government to supply needles & syringes may be charged with aiding and abetting or being an accessory to the crime of using a prohibited drug.

Penalties/practices

It is unlikely that police would charge you with possession on the basis of the minute quantities of drugs that are present in used fits. However, if you make admissions about using (self-administration) or you are found to be holding (possession) then the used fit or fits may be used as corroborating evidence.

If you are concerned about used fits and trace elements you can flush them with water immediately after use but the best approach is to dispose of them in a disposal container and return them to a needle & syringe program. It is also important to be aware of what you might be carrying when you go to a needle & syringe program to pick up or return fits.

Disposal of fits

Legal status

It is an offence to litter.

It is legal to dispose of used injecting equipment in the household waste in WA.

Penalties/practices

You can be given on-the-spot fine by council workers for littering including for publicly discarding a needle & syringe.

Supply/trafficking/manufacture

Legal status

It is an offence to sell, supply, offer to supply, manufacture, or prepare a prohibited plant, substance or drug of addiction unless you are authorised to do so. Because sharing a deal or helping someone score is part of drug-using culture, many users act as suppliers from time to time. A charge of supply can even rest on an offer to score on another person's behalf. There are also a number of other charges that can be made in relation to supply, including participating in supply and conspiracy to supply.

Having above a certain quantity of drugs in your possession is known as 'deemed supply'. With deemed supply charges you are in effect guilty until proven innocent. That is, the quantity of drugs you have been found with is presumed to be for supply or sale unless you can prove otherwise. If you are a heavy user and the drugs are for personal use, it may be appropriate to make a statement to that effect at an early stage to investigating police.

The quantities of drugs that will give rise to a presumption that possession is for the purpose of supply are as follows:

- Cannabis leaf 100 grams;
- Cannabis plants 10 grams;
- Heroin, cocaine, amphetamines, ecstasy 2 grams;
- LSD 0.002 gram.

Penalties/practices

The maximum penalty for the purposes of sale or supply, manufacture, cultivation and preparation depends on the court in which the charge is heard. This in turn depends on the amount of the drugs involved.

The maximum penalty in the Magistrates Court for possession with intent to supply is a fine of \$5,000 or imprisonment for 4 years, or both.

Where the quantity of drugs involved exceed the amounts set out in the table below, the matter cannot be heard in the Magistrates Court and must go to a court of higher jurisdiction:

- Cannabis leaf 500 grams;
- Cannabis plants 100 grams;
- Cocaine, amphetamines 4 grams;
- Ecstasy 6 grams;
- LSD 0.004 gram.

It is unclear whether charges involving possession for the purposes of supply involving heroin can be heard in the Magistrates Court. In the case of morphine and morphine derivatives, an amount of 6 grams or more will determine the matter is heard in a higher court.

Where the charge involves the amount of the drug listed above or more, the maximum penalty (except for cannabis leaf or plants) is \$100,000 or 25 years imprisonment.

Where the charge involves 500 grams or more of cannabis leaf or 100 or more cannabis plants, the maximum penalty is a fine of \$20,000 or imprisonment for 10 years, or both.

If trafficking occurs across State or Territory borders, Commonwealth laws will apply. The maximum penalties for trafficking (supply) charges are the same as for the 'possession with intent to supply' charges. A

person found guilty of a number of serious drug offences involving supply or deemed supply may be declared a drug trafficker.

Drugs & driving

Legal status

There are two sets of laws to be aware of that deal with drugs and driving in WA.

The first relate to the offence of driving with a 'prescribed drug' present in your saliva or blood. Random drug testing is conducted on drivers to check for cannabis and speed, ice or MDMA. Over the counter medications such as cold and flu tablets will not register.

The second set of laws relate to the offence of driving a motor vehicle whilst impaired by drugs. These offences do not distinguish between legal and illegal drugs and focus instead on the impairment of the person driving to control a motor vehicle. For charges to be laid it must be shown that a person drove or attempted to drive, that drugs were present in their body at the time, that their conduct, condition or appearance was consistent with consumption or use and that the conduct of persons who consumed those drugs would be inconsistent with a person being capable of having proper control of a vehicle.

An example would be a person who had taken prescribed methadone and benzodiazepines to an extent that they were no longer able to safely drive. Testing for impairment will generally be triggered by something like an accident or police witnessing erratic driving.

Penalties/practices

The penalties for having prescribed illicit drugs in your saliva or blood whilst driving or attempting to drive a motor vehicle are as follows:

- First offence: a fine of not more than \$200 and 3 demerit points;

- Second or subsequent offences: to a fine of not more than \$500 and a compulsory disqualification from holding a license of at least 3 months.

Serious penalties apply where impairment is confirmed following assessment and blood tests:

- First offence: a fine of between \$800 and \$2,500, as well as a compulsory disqualification from driving for at least 6 months;
- Second offence: a fine of between \$3,000 and \$7,000 or 9 months imprisonment, as well as a compulsory disqualification period of at least 3 years;
- Third offence: a fine of between \$2,000 and \$5,000 or 18 months imprisonment, as well as permanent disqualification from holding a license.

It is important to be aware that very strict penalties apply for failing to comply with lawful directions from police enforcing these laws, for instance, failing to comply with a random drug test, driver assessment, or to provide blood samples without lawful excuse.

Sex industry work

Brothel work

Legal status

Brothels are illegal in Western Australia.

Escort services

Legal status

The law does not distinguish between brothels and escort agencies.

Private sex work

Legal status

It is not illegal to work alone or with one other sex worker.

Penalties/practices

It is illegal for children to be on premises while a commercial sex act is taking place (First offence: \$24,000 – Second offence: 3 years imprisonment).

Street work

Legal status

Street work is illegal for both sex worker and client. The law presumes guilt, so you do not have to be caught committing an act to be prosecuted.

Penalties/practices

Along with the right to stop, search and detain, police can issue Move-on Notices and Restraining Orders. A Move-on Notice bans a person from entering a mapped area for up to 24 hours. Repeated violation of Move-on Notices will result in a Restraining Order, banning the person from the area for up to 12 months. Violating the Restraining Order can result in fines or imprisonment.

Massage parlours

The law does not distinguish between brothels and massage parlours.

HIV, STIs and Sex Work

It is illegal to take part in a commercial sex act, including oral sex, if you have HIV or an STI.

Discrimination

Legal status

The Western Australian Equal Opportunity Act prohibits the discrimination of an individual based on their gender, sexual orientation, marital status, pregnancy, race, religious or political conviction, age, racial harassment, impairment, family responsibility or family status, gender history. Sexual harassment and racial harassment is also unlawful conduct under the Act. 'Disability' includes being hepatitis C positive or having an associated illness and/or being on a drug treatment program including methadone or buprenorphine.

The areas covered by the Act include employment; partnerships; professional or trade organisations; qualifying bodies; employment agencies; applicants and employees and commission agents; application forms; advertisements; education; access to places and vehicles; provision of good services and facilities; accommodation; clubs; land.

There is also legal protection against discrimination for people with disabilities under the Federal Disability Discrimination Act. Although the area of disability and drug use is contentious and somewhere unclear, there have been a number of court cases that have confirmed drug dependency as a disability for the purposes of the Federal Disability Discrimination Act. HIV and hepatitis C related discrimination is also illegal under the Federal Disability Discrimination Act.

Penalties/practices

Penalties for discriminatory actions vary, depending on which tribunal or court is involved. Complaints must be made in writing to the WA Commissioner for Equal Opportunity. It is then assessed and if within jurisdiction is investigated and conciliation is attempted. If unsuccessful,

the matter is referred to the WA Equal Opportunity Tribunal for hearing and legally enforceable determination. Complaints under the Federal Disability Discrimination Act can be made to the Commonwealth Human Rights and Equal Opportunity Commission.

See the legal and discrimination section in the services directory for the contact numbers for anti-discrimination and equal opportunity bodies and other services. Consumer rights organisations in each region can give you further information, or else you can contact your local drug user organisation for assistance in making a complaint.

Sexuality

Sexual relationships

Legal status

The legal age of consent for a girl or boy to have sexual relations with a person of the same or opposite sex is 16 years. A person who has sexual relations with a person under those ages is guilty of an offence.

Penalties/practices

The maximum penalties range from 10 to 25 years imprisonment, depending on the age of the child and the type of sexual activity involved.

Blood borne viruses (BBVs) & sexually transmissible infections (STIs)

Legal status

In Western Australian public health laws have not been updated since the early 20th century, and are largely irrelevant to the HIV epidemic. In that state, it is an offence for a person with an infectious disease to "willfully expose" themselves in any public place, without taking proper precautions against the spreading of infection. Because HIV is

not transmissible through casual social contact, this law has no real meaning in relation to the sexual transmission of HIV.

At the criminal law a person who does any act that is likely to result in another person contracting a serious disease (which includes HIV), is guilty of a crime.

Penalties/practices

The maximum penalty for doing an act that is likely to result in another person contracting a serious disease is imprisonment for 20 years.

Prosecutions for knowingly infecting another with HIV have been successful in Western Australia based on the offence of inflicting grievous bodily harm.

Possession of a prohibited drug

Legal Status:

It is illegal to possess a drug of dependence or a prohibited substance unless it has been lawfully prescribed or supplied.

Proving Possession

There are two elements required to prove possession: knowledge and control

- Knowledge means that you must know that the substance or drug was a prohibited substance or drug. It does not matter that you did not know or were mistaken as to exactly what substance or drug it was.
- Control means that you have the right to do something with the drugs (for example, keep or use them).

It may be difficult for the police to establish these elements if you don't make any admissions. For example, if you share a house and drugs are found by the police in non-private parts of the house (say the kitchen, lounge room or bathroom); it is difficult to establish sole possession. Shared possession is also hard to prove if no one makes an admission.

Simple Possession Offence

A simple possession offence is where you have been found with a small amount of a drug of dependence (less than 2g of heroin, cocaine or amphetamines) in your possession that you intend to use for your own personal use.

If you are charged with a simple possession offence, the police must refer you to an assessment panel. In making its assessment, the panel may ask you to allow it to access personal information about you or for you to have an examination. The panel then decides whether to deal with the matter or send it to court.

If the panel deals with the matter it may issue you with a warning or it may require you to give a written undertaking. An undertaking is a promise from you to them, such as you promising to attend treatment,

education or rehabilitation programs. An undertaking can not be for longer than 6 months.

If you make an undertaking and do what you promised to do, the police can not prosecute you for that offence. BUT

If you do not comply with requests made by the panel or you do not stick to your undertakings the panel can cancel your referral and send the matter to court.

Penalties/practices

If it goes to court:

- Cannabis: a maximum fine of \$500;
- Other drugs: a maximum fine of \$2000 or 2 years imprisonment or both.

If you are found with a larger amount of a drug of dependence in your possession there is a presumption that you intend to sell or supply the drug (See Table 1 below). You will have to prove that it is for personal use.

The presence of other equipment such as scales, foils and deal bags will support charges that you intended to sell or supply the drug. Remember that you have the right to seek legal advice before answering any questions.

Self-administration & administration to others

Legal Status

Self-administration is illegal, unless the drug of dependence or prohibited substance is lawfully prescribed.

Penalties

Cannabis: a maximum fine of \$500.

Other drugs: a maximum fine of \$2,000 or 2 years imprisonment or both.

Charges of self-administration are difficult to prove without someone making an admission combined with some other evidence. It is recommended that you refrain from making admissions without first seeking legal advice.

Possession of fits & other equipment

Legal Status

It is legal to possess fits in South Australia but it is illegal to possess any other equipment for use in administering an illegal drug. Although it is legal to get fits from an authorised needle & syringe program, it is illegal to pass them on to another person to use in taking illegal drugs.

Penalties

Equipment used for cannabis: a maximum fine of \$500

Equipment used for other drugs: a maximum fine of \$2,000 or 2 years imprisonment or both.

It is unlikely that police would charge you on the basis of the minute quantities of drugs that are present in used fits. However, if you make an admission (self-administration) then a fit may be corroborating evidence. If you are concerned about used fits and trace elements you can flush them with water immediately after use but the best approach is to dispose of them in a disposal container and return them to a needle & syringe program. It is also important to be aware of what you might be carrying when you go to a needle & syringe program to pick up or return fits.

Disposal of fits

Legal Status

It is an offence to deposit any litter, including fits and other equipment, in a public place. Whether it is legal to dispose of used injecting equipment into the household waste in South Australia is not specified in the legislation.

Penalties

A maximum fine of \$4 000 for littering in a public place.

Manufacture / Supply / Trafficking

Legal Status

It is illegal to manufacture, sell or supply any amount of a drug of dependence or a prohibited substance, unless you are authorised to do so or the drug has been lawfully prescribed.

Because sharing a deal or helping someone score is part of drug-using culture, many users act as suppliers from time to time. Some common examples are:

- Scoring for someone else;
- Lending money to someone so they can score;
- Living with someone that sells and you know that they are selling a prohibited substance or drug;
- Helping bag the drug;
- Storing or hiding the drug for someone that intends to sell the drug.

If you do these then you could be charged with the sale or supply of a drug of dependence or prohibited substance. Similarly, you can be charged with manufacturing if you participate in the process of manufacturing including:

- Helping someone by storing or transporting the equipment used in manufacturing a drug of dependence or prohibited substance;
- Lending money to someone so they can manufacture the drug or substance;
- Living with someone that is manufacturing a drug or substance.

If you have over a certain amount of drugs in your possession, the law presumes that you intend to sell or supply the drugs unless you can prove that they are for personal use only. The amount of a drug or substance needed for the law to presume an intention to sell or supply is different when the drug is in its pure form, than when it is mixed.

Penalties

Table 1 below shows the minimum amounts required for the presumption of the intention to sell or supply to apply to some common drugs. The table also shows the maximum penalties for the different amounts of those drugs. All amounts in table 1 are for the drug when mixed.

Table 1	Presumption that drugs intended for sale or supply		
	\$50,000 or 10yrs or both	\$200,000 or 25yrs or both	\$500,000 or Life or both
Heroin	2g	200g	1Kg +
Cocaine	2g	200g	1Kg +
Meth Amphetamines	2g	500g	1Kg +
Ecstasy	2g	500g	1Kg +
LSD	.015g	5g	15g+
All prohibited drugs and substances (not cannabis)	Supply of any amount & Sale of amounts less than in the next column		

Please note: If the prosecution can prove that you sold or supplied or intended to sell or supply even a small amount of a drug (for example, 1g of heroin) the larger penalty will apply (see bottom row of table 1).

The penalties for manufacturing are the same as those in table 1. For smaller amounts: a maximum fine of \$35,000 or 7years imprisonment or both.

Selling, supplying or administering any amount of any drug to a person under 18, or to any person within 500 meters of a school zone: \$1, 000, 000 fine or life imprisonment or both.

Cannabis

Legal Status

While cannabis is an illegal drug of dependence in South Australia, the penalties for most cannabis offences are lower than for other illegal drugs.

Simple Cannabis Offence

In South Australia you can receive an on the spot fine for simple cannabis offences, thus avoiding the courts and a criminal record. Be aware though, that you do not have a right to an on the spot fine, it is up to the police if they give you a fine or take the matter to court. A simple cannabis offence is:

- The cultivation of 1 cannabis plant (natural - not artificially enhanced); OR
- Possession of less than 100 g of cannabis or 20g of cannabis resin (hash); OR
- Consumption of cannabis or cannabis resin when you are not in a public place (for example, in your home). Consuming cannabis in your car or another type of vehicle when out in public is consumption in a public place and therefore is not a simple cannabis offence; OR
- Possession of equipment used for smoking cannabis or used in the preparation for smoking cannabis (personal use only – not for sale).

Penalties/practices

Simple Cannabis Offences: On the spot fines can be \$150 or \$300.

Other Offences: see table 2

Table 2

No presumption			Presumption that drugs intended for sale or supply		
\$300 on the spot fine	\$500	\$2,000 or 2yrs or both	\$50,000 or 10yrs or both	\$200,000 or 25yrs or both	\$500,000 or Life or both
	24g		25g	1kg 2kg	2kg 10kg
19g	24g		25g	1kg 2kg	2kg 10kg
99g	249g		250g	1kg 2.5kg	2kg 12.5kg
1	5	6	10	20	100+
		Supply of any amount	Sale of amounts less than in the next column		

Please note: If the prosecution can prove that you sold or supplied or intended to sell or supply even a small amount of cannabis, the larger penalty will apply (see bottom row of table 2).

Selling, supplying or administering any amount of any drug (including cannabis) to a person under 18, or to any person within 500 meters of a school zone is a \$1, 000, 000 fine or life imprisonment or both.

Drug & Driving

Legal Status

In South Australia, it is illegal to drive with any amount of cannabis, meth-amphetamine or ecstasy in your blood or oral fluid. It is an offence to refuse to have a drug screening test, oral fluid analysis or blood test if requested by the police. However, you can ask that a blood test is taken instead of an oral fluid analysis or drug screening test or you can ask for an oral fluid analysis instead of a blood test.

Penalties

Drug Driving:

- First offence: a fine between \$500 and \$900;
- Second offence: a fine between \$700 and \$1,200 and a minimum of 6 months loss of license;
- Subsequent offence: a fine between \$1,100 and \$1,800 and a minimum of 12 months loss of license.

Refusing a drug test:

- First offence: a fine between \$500 and \$900;
- Subsequent offence: a fine between \$1,100 and \$1,800.

Sex Industry Work

Brothel work

Legal status

All aspects of brothel work are illegal including receiving money in a brothel, being on premises and keeping brothel. Due to being difficult to prove, the laws have not been used since 2000, however there is no guarantee this won't change.

Escort work

There are no laws relating to escort services.

Home work

Private sex workers home and/or place of business have been proven to be a brothel and therefore illegal. Hotel rooms have not yet been proven to be a brothel. There are no laws relating to visiting a clients home.

Street work

It is illegal to solicit or loiter for the purposes of sex work in a public place. Policing is heavy and strict bail conditions are used.

Parlour work

Massage parlours operate in SA but fall under the same laws as brothels (see above).

HIV, STIs and Sex Work

South Australian law does not prohibit people with HIV from doing sex work, or hiring a sex worker. There is no mandatory condom use, no mandatory testing or sex worker registration. Disclosure is not required.

Discrimination

Legal status

The purpose of the Equal Opportunity Act 1984 (SA) is to promote equality of opportunity for all South Australians. It aims to prevent discrimination against people and to give them a fair chance to take part in economic and community life. Not all kinds of discrimination are against the law. Under South Australian law, only particular types of discrimination occurring in certain places are against the law. In South Australia, it is unlawful to discriminate because of age, association with a child (in customer service), caring responsibilities, chosen gender, disability, marital or domestic partnership status, pregnancy, race, religious appearance or dress (in work or study), sex, sexuality, spouse or partner's identity. Discrimination laws also cover sexual harassment, victimisation and whistleblowing.

South Australian law changed on 2 October 2009. Changes include new grounds of discrimination such as caring responsibilities, identity

of spouse or partner and religious dress at work or in school. It also expands disability discrimination to include all kinds of disabilities including having HIV or hepatitis C and/or being on methadone, buprenorphine or some other type of treatment for drug dependence. And it covers discrimination against customers because they are accompanied by a child or are breast-feeding or bottle-feeding a child. The new law also removes, or reduces, former exceptions to the law about sexuality discrimination. The changes apply to events that happened on or after 2 October 2009. For events that happened before then, you should contact the SA Equal Opportunity Commission to discuss your situation.

The Equal Opportunity Act 1984 (SA) only covers discrimination that happens in public life, not in private. In South Australia it is unlawful to discriminate in work, including volunteers, customer service, accommodation, selling land, clubs and associations, education, granting qualifications, advertising. Discrimination is against the law when, as a result, someone feels humiliated, embarrassed, ridiculed, denigrated or segregated, is denied access or refused services and loses an opportunity or income.

There is also legal protection against discrimination for people with disabilities under the Federal Disability Discrimination Act. Although the area of disability and drug use is contentious and somewhere unclear, there have been a number of court cases that have confirmed drug dependency as a disability for the purposes of the Federal Disability Discrimination Act. HIV and hepatitis C related discrimination is also illegal under the Federal Disability Discrimination Act.

Penalties/practices

Penalties for discriminatory actions vary, depending on which tribunal or court is involved. If you think you have been unlawfully discriminated against, sexually harassed or victimised you may be able to lodge a complaint under the South Australian Equal Opportunity Act. To find out if your complaint is covered by the Equal Opportunity Act you should contact the SA Equal Opportunity Commission or visit their website. Interpreters can be arranged if required. It is important to be aware that there are time limits for lodging complaints although under certain

circumstances late complaints may be accepted. Complaints under the Federal Disability Discrimination Act can be made to the Commonwealth Human Rights and Equal Opportunity Commission.

See the legal and discrimination section in the services directory for the contact numbers for anti-discrimination and equal opportunity bodies and other services. Consumer rights organisations in each region can give you further information, or else you can contact your local drug user organisation for assistance in making a complaint.

Sexuality

Sexual relationships

Legal status

Any person 17 years or older can have sexual relations with another person aged 17 years or more, if they each consent. This can be a person of the same or the opposite sex under the Criminal Law Consolidation Act. It is also against the law for a person in a position of 'care and authority' (for example, a teacher) to have sex, or to try to have sex with a person under 18 years under the Act.

Penalties/practices

The maximum penalty is 7 years imprisonment however a person will not be convicted if at the time of the sexual intercourse their partner was 16-years or older, and

- The person was 17 or younger, OR
- The person rationally believed their partner was over the age of 17

There is also a marriage defence, in that the law does not apply to those couples that are married.

Blood borne viruses (BBVs) & sexually transmissible infections (STIs)

Legal status

In South Australian Public health law a person with a "controlled

notifiable disease" (which includes HIV) must take all reasonable measures to prevent transmission of the disease to others. The law does not specifically require a person with HIV to disclose their HIV status to a prospective sexual partner.

At criminal law a person who recklessly endangers another person's life is guilty of a criminal offence. This law can be used to charge an HIV-positive person for transmitting HIV to another person.

Penalties/practices

The maximum penalty for not taking all reasonable measures to prevent the transmission of a "controlled notifiable disease" to others is a fine.

The maximum penalty for recklessly endangering another person's life is 15 years imprisonment.

Possession of a prohibited drug

Legal status

It is illegal to unlawfully possess a narcotic, drug of dependence, poison or prohibited substance.

Proving possession

There are three elements required to prove possession: knowledge, custody and control.

- Knowledge means that you must know what the substance (the drug) is;
- Custody means having the drugs in your physical possession (for example, in your pocket or wallet or under your pillow);
- Control means that you have the right to do something with the drugs (for example, keep or use them).

It may be difficult for the police to establish all of these elements if you don't make any admissions. For example, if you share a house and drugs are found by the police in non-private parts of the house (say, the kitchen, lounge room or bathroom) it is difficult to establish sole possession. Shared possession is also hard to prove if no one makes an admission.

Penalties/practices

Possession over and above a particular amount of an illicit drug (amounts vary with different drugs) will be 'deemed supply' (see 'Supply/trafficking'). These charges will be supported by the presence of other equipment such as scales, foils and deal bags. Remember that you only have to give your name and address to the police and have the right to seek legal advice prior to answering any questions. See the general legal information at the start of this section for more on your rights.

The maximum penalty for a charge of possessing heroin, cannabis, cocaine, amphetamine, LSD or ecstasy is a fine of \$5,000 or imprisonment for 2 years, or both. However, possession of a certain

quantity of a drug will mean you have to prove that you are not selling or supplying that drug (see 'Supply/Trafficking').

Police Diversion Program

The Police Diversion Program allows for police to divert people found using or possessing small quantities of illicit drugs away from the judicial system into health assessment and treatment. Essentially a police cautioning program, it consists of three levels of diversion:

- **1st Level Diversion – Cannabis Caution:** Police may issue a caution to people found to be using or in possession of small amounts of cannabis for the first time.
- **2nd Level Diversion – Brief Intervention:** For anyone found using or in possession of small amounts of cannabis a second time, the police may issue a Drug Diversion Notice. This means you are required to attend a "brief intervention with an approved Drug and Alcohol Worker. If you fail to attend you will be prosecuted for the offence but no criminal conviction will be recorded.
- **3rd Level Diversion – Assessment and Treatment:** Anyone caught a third time using or possessing small amounts of cannabis or using or possessing small amounts of other illicit drugs (such as amphetamines, ecstasy or opiates) may be charged by the police OR issued with a Drug Diversion Notice. This requires you to attend an assessment, follow up and counselling or other treatment as agreed with an approved Drug and Alcohol Worker. No charges will be pursued as long as you attend appointments and comply with the requirements.

Self-administration & administering to others

Legal status

It is illegal to unlawfully (without authority or prescription) administer a 'drug of dependence' or 'prohibited substance' to yourself or others. Drugs of dependence and prohibited substances include heroin,

cocaine, amphetamines, LSD, ecstasy, cannabis, morphine (and other opiates) and methadone.

Penalties/practices

Charges of self-administration are difficult to prove without someone making an admission combined with some other evidence (for example, evidence of prior drug use or knowledge about drugs). It is recommended that you refrain from making admissions without first seeking legal advice. See the general legal information at the start of this section for more on your rights. Maximum penalty: \$5,000 fine or 2 years' imprisonment, or both.

Possession of fits & other equipment

Legal status

It is legal to be in possession of needles and syringes (fits) both new and used. This is in accordance with the HIV/AIDS Preventative Measures Act 1993 which States:

"A person who is in possession of a syringe or needle is NOT, by reason of that possession, taken to have committed an offence under the Misuse of Drugs Act 2001 or Poisons Act 1971".

There are several legal obligations for people who possess fits. First, you must dispose of the fit safely by putting it in a sharps disposal container. Second, you must take all reasonable care with the fit to avoid danger to any other person. Third, when you collect new fits from a NSP you must return any used fits in your possession to the needle exchange.

Penalties/practices

It is unlikely you would be charged with possession for having a used fit containing traces of drugs, but used fits could be used as supporting evidence for a charge of self-administration or possession. You are required to give your correct name and address to police but it is recommended you don't say anything else because most charges result from self admission during the interviewing process. You have the right to seek legal advice before consenting to be interviewed.

Police rarely pursue a charge of possessing illegal equipment such as bongs or pipes. If you are concerned about used fits and trace elements you can flush them with water immediately after use but the best approach is to dispose of them in a disposal container and return them to a needle & syringe program. It is also important to be aware of what you might be carrying when you go to a needle & syringe program to pick up or return fits. Maximum penalty for supplying fits or not taking reasonable care is \$5000 fine or 2 years' imprisonment.

Disposal of fits

Legal status

It is recommended that you keep needles and syringes in a sharps container and dispose of at your nearest NSP. Contact TasCAHRD for information on alternative disposal sites.

In accordance with the HIV/AIDS Preventative Measures Act 1993 a person must dispose of a used syringe or needle by placing it in a container that has rigid walls, is puncture resistant and is capable of being sealed or securely closed in such a way that its contents are not capable of causing injury. The Act also states that a person who is in possession of a syringe or needle must use all reasonable care and take all responsible precautions in respect of that syringe or needle to avoid danger to the life, safety or health of another person.

Penalties/practices

Maximum penalty for not disposing of needles and syringes appropriately and/or not taking all reasonable care and responsible precautions to avoid danger to the life, safety or health of another person is \$5,000 fine or 2 years' imprisonment.

Manufacture/cultivation

Legal status

It is an offence to unlawfully prepare, manufacture, cultivate, package or produce a controlled plant, controlled drug or controlled precursor. With a charge of manufacture or cultivation you must be shown to be in possession of the equipment, drugs, plants, etc, involved. See

'Proving possession' above for information about the basic elements of possession.

Penalties/practices

The maximum penalty for manufacturing heroin, cocaine, amphetamine, LSD or ecstasy or for cultivating cannabis is a fine of \$5,000 or imprisonment for 2 years, or both. However, if you are found in possession of a trafficable quantity of the drug you may also face charges of possession and/or trafficking of the drug. Remember that you have the right to seek legal advice prior to answering any questions.

Supply/trafficking

Legal status

It is an offence to sell, supply, prepare or transport a trafficable quantity of a controlled substance (drug, plant or precursor). It is also an offence to supply a controlled drug to a child (anyone under 18 years of age) or procure a child to traffic in a controlled substance. Because sharing a deal or helping someone score is part of drug-using culture, many users act as suppliers from time to time. A charge of supply can even rest on an offer to score on another person's behalf. There are also a number of other charges that can be made in relation to supply, including participating in supply and conspiracy to supply.

Having above a certain quantity of drugs in your possession is known as 'deemed supply' unless you can prove that this whole quantity is for personal use. With deemed supply charges, you are in effect guilty until proven innocent. That is, the quantity of drugs you have been found with is presumed to be for supply or sale unless you can prove otherwise. It is not a good idea to make a statement to the police without first getting legal advice, but if the charge goes to court it may be useful to make admissions about your own use (if the drugs are for your use rather than for sale it may help if you are a 'heavy user'). Seeking legal advice is one of the best things to do under these circumstances. If trafficking occurs across state or territory borders, Commonwealth/Federal laws will apply.

Penalties/practices

The maximum penalty for trafficking heroin, cocaine, amphetamine, ecstasy, LSD or cannabis is 21 years' imprisonment.

Deemed supply penalties are usually the same as those for supply. The problem is that you are seen as guilty until proven innocent. This is because the onus is on you to prove the drugs were for personal use, not for supply. It may be useful to make admissions about your own use in this situation. However, it is not a good idea to make a statement to police without first getting legal advice. Possession of the following amounts will mean that supply will be deemed.

- Heroin, cocaine, amphetamine and ecstasy: 0.5 gram;
- Cannabis: 25 grams or 40 preparations (deals);
- LSD: 0.004 gram or 10 doses.

Possession of the drugs you are charged with supplying is a factor in the charges sticking (see 'Proving possession' above). Supplying to people who are under age usually carries tougher penalties. Remember that you have the right to seek legal advice prior to answering any questions.

Drugs & driving

Drink driving

Legal status

You must have a zero Blood Alcohol Content (BAC) if you're a learner or provisional driver, driver of taxis, buses or other large vehicles, driving instructor, full licence holder who had an alcohol related driving conviction (in some cases)

You must have a BAC below .05 if you're a full licence holder or supervisory driver.

Penalties/practices

If you're caught drink driving you'll be fined up to \$3000 and you can be disqualified for up to 3 years.

Random breath tests

Legal status

Police can ask you to undergo a breath test at any time. Random breath tests are conducted all the time. You'll be asked to blow into a small device. It will tell the Police officer if there is any alcohol in your breath. If there is, you'll be asked to do another test. Drivers admitted to hospital after a crash must allow a blood sample to be taken.

Penalties/practices

Refusing a breath test is an offence. If you refuse a test your licence will be cancelled and you'll be disqualified from driving for up to 2 years.

Illicit drugs & driving

Legal status

It is an offence to drive when affected by an illicit drug. If Police believe you're impaired by an illicit drug, they can conduct trace particle detection testing on the vehicle. If this test delivers a positive result they will then conduct an oral fluid test to check for the presence of drugs in your system. The police can also take you to a police station for a fluid or blood test.

Penalties/practices

People found guilty of driving with illicit drugs in their system face a maximum penalty of three months disqualification of their driver's licence. The police may also charge you with offences relating to the illicit substances themselves depending on the circumstances.

Sex industry work

Brothel work

Legal status

It is an offence to work in, own or manage a 'bawdy house' - that is, a house, room, set of rooms, or place of any kind - for purposes of prostitution. It is also an offence to live off the earnings of prostitution,

or to consort with a known prostitute. Male partners of sex workers who have no visible means of support are deemed to be living off the earnings of prostitution.

Penalties/practices

The maximum penalty for keeping a brothel is a fine of \$500 or 6 months' imprisonment, or both.

The maximum penalty for living off the earnings of prostitution is a fine of \$1,000 or imprisonment for 1 year, or both.

Escort work/home work

Legal status

It is legal to work as an escort or from home; however, it is illegal to rent premises to prostitutes to use for the purpose of prostitution.

Street work

Legal status

It is illegal to solicit or loiter in a public place, or within the view or hearing of a public place, for the purposes of prostitution. This applies to both workers and clients.

Penalties/practices

Maximum penalty: \$1,000 fine or 12 months' imprisonment, or both. It is not uncommon to be tested for drugs if picked up for soliciting. If you refuse to give blood you may be presumed guilty.

Sex work & sexually transmissible infections

Legal status

The Tasmanian HIV/AIDS Preventive Measures Act States that:

1. A person who is and is aware of being infected with HIV or is carrying and is aware of carrying HIV antibodies must:
 - a. take all reasonable measures and precautions to prevent the

transmission of HIV to others: and

- b. inform in advance any sexual contact or person with whom needles are shared, of that fact.
2. A person who is and is aware of being infected with HIV or who is carrying HIV antibodies must not knowingly or recklessly place another person at risk of becoming infected with HIV unless that other person knew the fact and voluntarily accepted the risk of being infected.

Other Sexually Transmitted Infections which are currently notifiable include the following:

- Syphilis
- Gonorrhoea
- Chlamydia
- Donovanosis

Penalties/practices

Recklessly or deliberately passing on HIV can result in criminal charges. Putting others at risk of transmission can result in legal action restricting your conduct and movement. Maximum penalty: \$5,000 fine or 2 years' imprisonment.

Discrimination

Legal status

Discrimination on the ground of any of the following attributes or identities is unlawful under the Tasmanian Anti-Discrimination Act including age, breastfeeding, disability, family responsibilities, gender/sex, industrial activity, irrelevant criminal record, irrelevant medical record, lawful sexual activity, marital status, relationship status, parental status, political activity, political belief or affiliation, pregnancy, race, religious activity, religious belief or affiliation, sexual orientation/transsexuality, association with a person who has, or is believed to have, any of these attributes or identities.

The areas of activity covered by anti-discrimination laws include employment, education and training, provision of facilities, goods and services, accommodation, membership and activities of clubs, administration of any law of State or any State program, awards, enterprise agreements or industrial agreements.

There is also legal protection against discrimination for people with disabilities under the Federal Disability Discrimination Act. Although the area of disability and drug use is contentious and somewhere unclear, there have been a number of court cases that have confirmed drug dependency as a disability for the purposes of the Federal Disability Discrimination Act. HIV and hepatitis C related discrimination is also illegal under the Federal Disability Discrimination Act.

Penalties/practices

Penalties for discriminatory actions can vary, depending which tribunal or court is involved. The Tasmanian Anti-Discrimination Act states that the following persons may make a complaint of discrimination and prohibited conduct: a person who believes s/he has been discriminated against; a person on behalf of another person; a person on behalf of a class of persons if the Commissioner is satisfied that a majority of those members are likely to consent; a trade union on behalf of a member; an organisation if the Commissioner is satisfied that a majority of those members are likely to consent; or an agent of any of the above.

If you think you have been unlawfully discriminated against you may be able to lodge a complaint under the Tasmanian Anti-Discrimination Act. A complaint needs to be made within 12 months of the alleged discrimination or prohibited conduct taking place. If the conduct happened more than 12 months ago, the Commissioner may not be able to help unless there are good reasons for the delay in making a complaint. Complaints under the Federal Disability Discrimination Act can be made to the Commonwealth Human Rights and Equal Opportunity Commission.

See the legal and discrimination section in the services directory for the contact numbers for anti-discrimination and equal opportunity bodies and other services. Consumer rights organisations in each region can give you further information, or else you can contact your local drug

user organisation for assistance in making a complaint.

Sexuality

Sexual relationships

Legal status

Sexual relationships between boys and girls, girls and girls and boys and boys are legal if the people involved are aged 17 or older.

Penalties/practices

There are defences available in cases where there is consent, the other person is 15 years and the 'accused' not more than 5 years older than 15 or the boy or girl was 12 years or older and the other party not more than 3 years older than 12. These defences are not available in cases of anal sex.

Blood borne viruses (BBVs) & sexually transmissible infections (STIs)

Legal status

Hepatitis and HIV are notifiable diseases. Notification of HIV infection to the Department of Health is by code number only. Generally HIV testing should only be carried out with the informed consent of the individual. A person can be required to have an HIV test only if they have been charged with certain sexual offences or are suspected to be HIV infected and are behaving in such a way as to endanger others and the Secretary of the Department of Health orders the person to be tested. A magistrate may order that an HIV-infected person who is putting people at risk by their behaviour attend treatment or counselling or be detained.

A person who knows that they are HIV infected must take reasonable measures to prevent the transmission of HIV and must inform any sexual contacts or person with whom they are using of their HIV status prior to engaging in sex or using.

Penalties/practices

The maximum penalty for not taking reasonable measures to prevent the transmission of HIV and not informing contacts of HIV status prior to engaging in sex or using is \$5,000 fine or 2 years' imprisonment.

Possession of a prohibited drug

Legal status

It is an offence to possess a dangerous drug without lawful authority.

Proving possession

There are three elements relevant to proving possession: knowledge, custody and control:

- Knowledge means that you must know that the substance is a drug and that it is in your custody;
- Custody usually means having the drugs in your physical possession (for example, in your pocket or wallet or under your pillow). However, custody can also extend to include such places as your house or car;
- Control means that you have the right to do something with the drugs (for example, keep or use them).

Actual possession and the intention to possess may be inferred from a range of circumstances. Possession can be jointly held. If you are looking after drugs for someone else, you can still be guilty of possession, because the drugs are in your custody and control. There will be circumstances where, in the absence of admissions, possession will be difficult to prove to the satisfaction of the court.

Penalties/practices

Maximum penalties vary as indicated depending on whether a person is in possession of drugs in a private or public place and on whether the quantity of drugs in possession is a trafficable/ commercial quantity. Possession of less than 2 grams of heroin or cocaine, or 0.002 of a gram of LSD in a public place attracts a maximum penalty of a \$10,000 fine or 5 years imprisonment; in any other place, a \$5,000 fine or 2 years imprisonment.

Possession of less than 2 grams speed, ice, methadone or morphine (without prescription), less than 50 grams ecstasy and cannabis (or less than 5 cannabis plants) in a public place attracts a maximum penalty of

a \$5,000 fine or 2 years imprisonment; in any other place a \$2,000 fine.

Trafficable quantities

A person found in possession of a trafficable quantity of drugs will be subject to harsher penalties.

Possession of 2 or more grams of heroin or cocaine, or 0.002 of a gram or more of LSD in a public place attracts a maximum penalty of 14 years imprisonment; in any other place 7 years imprisonment.

Possession of 2 or more grams of speed, ice, methadone or morphine (without prescription), or 50 or more grams of cannabis (or 5 cannabis plants or more), 0.50 or more grams of ecstasy in a public place attracts maximum penalty of \$10,000 or 5 years imprisonment; in any other case a \$5,000 fine or 2 years imprisonment.

Commercial quantities

A trafficable quantity becomes a commercial quantity as set out below, wherein a stricter penalty scale comes into force.

Possession of 40 or more grams heroin or cocaine, or 0.10 or more grams LSD attracts a maximum penalty of 25 years imprisonment. Possession of 100 or more grams speed, ice, methadone or morphine (without prescription), 500 or more grams cannabis plant material, 20 or more cannabis plants, 25 or more grams ecstasy attracts a maximum penalty of 14 years imprisonment.

Cautions/fines for minor cannabis offences

Legal status

Infringement notices, or on-the-spot-fines can be issued by police for possessing or growing small amounts of cannabis instead of charges being laid. You should be aware that where this happens it is not because the drugs have been made legal. Police have a choice whether to issue a caution or an on-the-spot fine. You don't have a right to get a caution or on-the-spot fine and the police will usually only give you one when you are a first-time offender and you admit to possession of the illegal drug.

Penalties/practices

A person in possession of less than 1 gram of cannabis oil, 10 grams cannabis resin, 10 grams cannabis seed, or 50 grams cannabis plant material (being any part of the plant including leaves and stalks) is eligible under the scheme. The on-the-spot-fine is \$200, to be paid within 28 days. If paid, no further criminal consequences will attach to the matter and it will not appear on your criminal record for employment purposes.

Self-administration & administering to others

Legal status

It is illegal to self-administer a dangerous drug or to permit another person to do so without lawful authority. 'Dangerous drug' includes heroin, amphetamines, cocaine, methadone, LSD, cannabis and ecstasy.

Penalties/practices

Charges of self-administration are difficult to prove without someone making an admission to police combined with some other evidence (for example, evidence of prior drug use or knowledge about drugs). Remember that any statements you make to police form part of the evidence that can be used against you. No conversation with police is 'off the record'. The maximum penalty for use is \$2,000 or 2 years imprisonment.

Possession of fits & other equipment

Legal status

It is legal to possess fits in the Northern Territory. It is illegal to possess any other equipment for use in administering an illegal drug. Unless you are legally authorised, it is an offence to supply another person with a fit to use with illegal drugs. But if you are charged with doing this, you have a defence if you can prove both of the following:

- You got the fit or fits from an authorised supplier (a doctor, pharmacist or needle & syringe program);

- You gave the fit or fits to the other person in an unused state as soon as possible after getting them.

Penalties/practices

It is unlikely that police would charge you with possession of drugs on the basis of the minute quantities of drugs that are present in used fits. However, if you make an admission about using (self-administration) or you are found to be holding (possession) then the traces of drug in the used fit can be used as corroborating evidence. If you are concerned about used fits and trace elements you can flush them with water immediately after use but the best approach is to dispose of them in a disposal container and return them to a needle & syringe program. It is also important to be aware of what you might be carrying when you go to a needle & syringe program to pick up or return fits.

Possession of equipment other than fits used to administer illegal drugs is an offence with a maximum penalty of \$2000 or 2 years imprisonment. Maximum penalty for supply of fits or failure to take reasonable care: \$2000 fine or 2 years' imprisonment.

Disposal of fits

Legal status

It is an offence to fail to dispose of a fit in the manner prescribed. You must deposit it in a rigid-walled, puncture-resistant container that is sealed or securely closed in such a manner that the contents are incapable of causing injury to any person or place the container with its contents in a household bin and hand it to a medical practitioner, pharmacist or needle & syringe program worker.

Penalties/practices

The maximum penalty for failing to dispose of a fit in the manner prescribed is \$2,000 fine or 2 years' imprisonment.

Drug premises ('drug houses')

Legal status

In the NT the Commissioner of Police can apply for a Drug Premises

Order (a 'DPO') on the basis of a reasonable belief that in the previous 12 months there have been indications that the premises have been used to supply dangerous drugs. Each time police find drugs on premises (residential or other) a record can be made and notice can be served on each owner, landlord, tenant and licensee if the police officer has a reasonable belief the drugs have been supplied at or from the premises. On the second and the third occasions this occurs, a warning should be included that a DPO may be made in relation to the premises.

Where an application is made for a DPO no notice is given to landlord, tenants, residents, or licensees affected and the decision is made on the basis of submissions made without the presence in court of those affected. The court must grant a DPO if drugs have been found on premises on 3 or more occasions at the premises within 12 months and the court

is satisfied on the balance of probabilities that the drugs have been supplied at the premises.

The court may grant a DPO even though no finding of guilt has been made in a court regarding either possession or supply of dangerous drugs at the premises or otherwise. In coming to the view that supply is taking place, the following 'indications' are deemed relevant: police delayed from entering premises, presence of a 'look-out', presence of things used in supply, manufacture or use, money that cannot be accounted for, presence of person who appear to be under the influence of drugs, frequent traffic to and from the premises, presence on premises of persons known to be involved in sale or distribution, property reasonable suspected stolen drugs found on premises on one or more occasions.

The consequences of a DPO are very serious for residents. They include the following:

- Searches of premises and of a person's clothing and immediate property can proceed without warrant;
- Reasonable force can be used by police to break and enter for purpose of searches;

- All residents on premises are taken to be in joint possession of any drugs found on premises;
- Preventing, obstructing, delaying police, or warning/raising alarm in relation to police search is an offence with maximum penalty of a \$20,000 fine or 2 years imprisonment;
- Attaching a sign to the premises advising they are subject to a DPO.

Each owner, landlord, tenant and licensee will be given notice of the DPO within 7 days of the court granting the application. Any of these parties may apply to have the order revoked and would be required to show to the court that on the balance of probabilities drugs are no longer being supplied from the premises, or that in the circumstances of the case it would be unjust to keep the order in force. A relevant consideration will be whether tenants have been evicted.

Supply/trafficking

Legal status

It is an offence to supply or take part in the supply of a dangerous drug without lawful authority. Because sharing a deal or helping someone score is part of drug-using culture, many users act as suppliers from time to time. A charge of supply can even rest on an offer to score on another person's behalf. There are also a number of other charges that can also be made in relation to supply, including charges relating to participating in supply and conspiracy to supply.

Where you are found in possession of drugs the presence of materials such as foils, deal bags, scales and logbooks will increase the likelihood of such charges being laid. Where you are found in possession of a large quantity of drugs that are for personal use only, making a statement at an early stage to investigating officers regarding your level of drug use may be advisable.

Penalties/practices

Penalties attaching to supply will depend on whether the matter is dealt with as a 'summary' offence or not, as well as to the type of drug and

whether or not the amount of drugs involved is a 'commercial' quantity (see the section on 'Possession' above).

Less than a commercial quantity

A person found guilty of supplying less than a commercial quantity of heroin, cocaine or LSD is liable to a maximum penalty of 14 years, unless the matter is tried as a summary offence, wherein the maximum penalty is a \$10,000 fine or 2 years imprisonment. If supply is from an adult to a child, the maximum penalty is life imprisonment and summary trial is not available.

A person found guilty of supplying less than a commercial quantity of speed, ice, methadone, morphine, cannabis or ecstasy is liable to a maximum penalty of 5 years imprisonment, unless an adult supplies a child, wherein the maximum penalty is 14 years imprisonment, or supplies drugs to a person living in an indigenous community, wherein the maximum penalty is 9 years imprisonment.

Each of these charges may be heard as a summary offence also, depending on priors and the seriousness of the offence, wherein the maximum penalty is a \$10,000 fine or 2 years imprisonment.

Commercial quantities

A person found guilty of supplying a commercial quantity of heroin, cocaine or LSD is liable to a maximum penalty of 25 years imprisonment, unless supply is from an adult to a child wherein the maximum penalty is life imprisonment.

A person found guilty of supply a commercial quantity of speed, ice, morphine, cannabis or ecstasy is liable to a maximum penalty of 14 years imprisonment, unless the charge is heard as a summary offence, wherein the maximum penalty is a \$10,000 fine or 2 years imprisonment. An adult found guilty of supply of these drugs to a child is liable to a maximum penalty of 25 years imprisonment.

Remember that you have the right to seek legal advice prior to answering any questions.

Manufacture/cultivation

Legal status

It is an offence to manufacture or produce a dangerous drug or a prohibited substance or to cultivate a prohibited plant without lawful authority.

With a charge of manufacture or cultivation you must be shown to be in possession of the equipment, drugs, plants, etc., involved. See 'Proving Possession' above for information about the basic elements of possession.

Penalties/practices

Penalties attaching to manufacture/ production and cultivation will depend on whether the type of drug and whether or not the amount of drugs involved is a 'commercial' quantity (see the section on 'Possession' above).

Manufacture/ Production

Penalties/practices

A person found guilty of manufacturing a commercial quantity of heroin, cocaine or LSD is liable to a maximum penalty of life imprisonment; in the case of less than a commercial quantity to a maximum penalty of 25 years imprisonment.

A person found guilty of manufacturing a commercial quantity of speed, ice, morphine, cannabis or ecstasy is liable to a maximum penalty of 25 years imprisonment to life; in the case of less than a commercial quantity to a maximum penalty of 7 years imprisonment.

Cultivation

Penalties/practices

A person found guilty of cultivating less than 5 cannabis plants and who is not provided with an infringement notice is liable to a maximum penalty of a \$5,000 fine or 2 years imprisonment.

A person found guilty of cultivating between 5 and 19 cannabis plants is liable to a maximum penalty of 7 years imprisonment.

A person found guilty of cultivating 20 or more cannabis plants is liable to a maximum penalty of 25 years imprisonment.

Charges can also be laid in relation to the supply or possession of precursors and documents or articles for use in manufacture or production of dangerous drugs. Serious penalties apply.

Prescription drugs

Legal status

It is an offence to forge or alter a prescription, which includes a 'dangerous drug' (for example, methadone, dexamphetamine, morphine). It is also an offence to obtain by deception a prescription for a dangerous drug.

Penalties/practices

In both cases above the maximum penalty is \$2,000 or 2 years imprisonment.

Drug driving

Impairment

Legal status

In the NT it is an offence to drive under the influence of any drug to such an extent as to be incapable of having proper control of the vehicle.

Penalties/practices

The maximum penalty for a first offence is a \$1,000 fine or 12 months imprisonment; for a second of subsequent offence, a \$2,000 fine or 12 months imprisonment.

If a person has previously been found guilty of driving under the influence or failing to provide breath, saliva or blood samples, an automatic cancellation of 6 months will apply and for further offences, an automatic cancellation period of 12 months.

A charge against this section can proceed even if the court is not provided with medical evidence to prove a person was under the influence of drugs, or a combination of drugs (including alcohol). It is the impairment in control of a vehicle that is the focus of the offence,

Prohibited Drugs

Legal status

It is also an offence to drive with the following drugs in your system whether or not your capacity to control the vehicle can be shown to be impaired: cannabis, speed/ ice, MDMA, MDA, heroin, cocaine. In NT, any driver can be asked to undergo a preliminary saliva test. If the test is positive, you will be required to attend a medical facility to provide a blood sample.

It is a defence to drive under the influence of morphine, methadone and some amphetamines, if they are used in accordance and under the direction of a doctor. Driving under the influence of cold and flu tablets is not prohibited. A saliva test can give a false positive to morphine if a person has consumed codeine; in the absence of impairment a person is presumed to have consumed codeine only; a blood test can confirm whether codeine or morphine has been consumed.

Detection periods for saliva and blood testing will vary depending on the drug and may be influenced by factors like quantity, quality, frequency of use, period of time since ingestion, body size, health of organs, mixture of substances and so on. Saliva testing is designed to react with the active ingredient of the drug. Blood tests will as a general guide show cannabis for around 4-6 hours, opiates, cocaine, MDMA & methamphetamine for around 12-24 hours.

Penalties

The maximum penalty for a first offence is a \$500 fine; for a second and subsequent offence, a \$750 fine or imprisonment for 6 months. If a person has previously been found guilty of driving under the influence of alcohol or a drug, or with a prohibited drug in the blood, an automatic license cancellation for a minimum of 3 months will apply on the first occasion and for a second occasion, for a minimum period of 6 months.

A failure to comply with a direction to have a saliva test attracts a maximum penalty of a \$2,000 fine or 12 months imprisonment; a failure to comply with a direction to provide a blood sample attracts a maximum penalty of a \$1,000 fine or 12 months imprisonment; for a second or subsequent offence, a \$2,000 fine or 12 months imprisonment.

Sex industry work

Brothel work

Legal status

It is an offence to manage or keep a brothel. It is also an offence to permit or allow any premises to be used as a brothel. A 'brothel' is defined as premises where people resort to prostitution, but does not include hotels used for the purposes of prostitution where an agreement regarding sexual services was initiated and reached elsewhere.

Penalties/practices

Maximum penalty for managing or keeping a brothel \$20,000 fine.

Escort work

Legal status

It is legal to run an escort agency - a business that arranges the provision of prostitution services for people elsewhere than on those premises - with an operator's license. You do not require an operator's license if you are working alone. Operators must apply for a certificate for each sex worker they employ. Before a certificate is granted a police check should be done.

Disqualifying offences include serious drug offences and all offences involving the use or threat of violence. Employers are required by common law and statutory law to take all reasonable steps to provide a safe work environment. Worker's compensation may be available where an injury is sustained in the course of employment.

It is an offence to either induce someone to engage in sex work or take their earnings through the use of threats, supplying of drugs, intimidation or fraud. There are various offences concerning infants,

such as causing or inducing an infant to work, allowing an infant to work and obtaining payment in respect of an infant.

It is an offence to advertise sex-work services on radio and television. Print advertisements must be in a prescribed form. This includes that the ad be run only in the classified section under the heading 'Escort services' or 'Adult entertainment'. The ad can contain pictures above the shoulders only. It cannot refer to the race or colour of the sex worker or mention physical attributes. It is an offence to advertise for sex workers.

Penalties/practices

Where the offence relates to:

- Carrying on business without an operator's license: \$20,000 fine;
- Employing a worker without a certificate: \$10,000 fine;
- Employing a worker or taking their earnings through coercion: 5 years imprisonment;
- Employing people who are under 14 years: 14 years imprisonment;
- Employing people who are 14 and over but under 18 years: 7 years imprisonment;
- Breach of advertising laws: \$2,000 fine.

Street work

Legal status

It is illegal to solicit, loiter or accost a person in a public place for the purpose of prostitution. It is an offence to loiter or frequent a public place for the purpose of inviting or soliciting a person to prostitute themselves.

Penalties/practices

The maximum penalty for loitering or frequenting a public place for the purpose of soliciting is \$2,000 fine.

Home work

Legal status

You may run an escort agency alone without obtaining an operator's license, but it is an offence to work from your own home as this would be considered to be a brothel.

Penalties/practices

The maximum penalty for working from your own home is a \$20,000 fine.

Discrimination

Legal status

The Northern Territory Anti-Discrimination Act prohibits discrimination on the grounds of race, sex, sexuality, age, marital status, pregnancy, parenthood, breast feeding, impairment, trade union or employer association activity, religious belief or activity, political opinion, affiliation or activity and irrelevant medical or criminal record. The Act also prohibits sexual harassment. 'Impairment' includes being hepatitis C or HIV positive or having an associated illness and being on a drug treatment program including methadone and buprenorphine.

There is also legal protection against discrimination for people with disabilities under the Federal Disability Discrimination Act. Although the area of disability and drug use is contentious and somewhere unclear, there have been a number of court cases that have confirmed drug dependency as a disability for the purposes of the Federal Disability Discrimination Act. HIV and hepatitis C related discrimination is also illegal under the Federal Disability Discrimination Act.

Penalties/practices

Penalties for discriminatory actions vary, depending which tribunal or court is involved. If you think you have been unlawfully discriminated against you may be able to lodge a complaint under the NT Anti-Discrimination Act. When handling a complaint of discrimination or other prohibited conduct, the NT Anti-Discrimination Commission will

conduct an investigation and work with parties (i.e. the person making the complaint and the person/organisation about which the complaint is made) to attempt to resolve the complaint through conciliation. When a complaint is not able to be resolved through conciliation, it may be determined through a public hearing. This hearing determines whether the actions alleged by the person making the complaint took place and if so, whether they amounted to unlawful conduct under the Act. Complaints under the Federal Disability Discrimination Act can be made to the Commonwealth Human Rights and Equal Opportunity Commission.

See the legal and discrimination section in the services directory for the contact numbers for anti-discrimination and equal opportunity bodies and other services. Consumer rights organisations in each region can give you further information, or else you can contact your local drug user organisation for assistance in making a complaint.

Sexuality

Sexual relationships

Legal status

The age of consent for a female to have sex with a male is 16 years. There is no age stipulated for males (that is, at any age as long as the female is 16 years or over). If two males want to have sex they must be 18 years or older. There is no age stipulated for sex between two females. It is an offence for people to have sex with each other or commit acts of 'gross indecency' in public (that is, with more than one person present) or in a public place.

Penalties/practices

Maximum penalty where the offence relates to under-age sex: 7 years imprisonment if the person is 14 or over, 14 years imprisonment if they are under 14. If the person can prove that they reasonably believed that the person was an adult, it will be a defence to the charge. Sex in public carries a maximum penalty of 7 years imprisonment.

Blood borne viruses (BBVs) & sexually transmissible infections (STIs)

Legal status

Hepatitis, HIV and AIDS are notifiable diseases. Although not legally required, it is the practice to make notifications by code numbers only. Under this practice, your identification is not disclosed. You are not required by law to be tested for HIV or hepatitis unless a government medical officer directs you to be tested under the Notifiable Diseases Act. You have the right to appeal against the making of such a direction.

There are no public health laws dealing with HIV transmission or disclosure of HIV status in the Northern Territory. At criminal law however it is an offence to do grievous bodily harm to another person. It is also an offence to endanger another person's life. It is possible to use these laws to prosecute a HIV-positive person for transmission of HIV.

Penalties/practices

Apart from the situation just described, it is illegal to take blood from you or perform tests without your consent. If either of these is done, you may be able to sue for assault or make a formal complaint against the medical officer involved, or both.

The maximum penalty for doing grievous bodily harm to another person is imprisonment for life.

The maximum penalty for endangering another person's life is imprisonment for 10 years.

Possession of a prohibited drug

Legal status

Possession of a drug of dependence or a prohibited substance is an offence unless the drug has been lawfully prescribed.

Proving possession

There are three elements relevant to proving possession: knowledge, custody and control:

- Knowledge means that you must know that the substance is a drug and that it is in your custody;
- Custody usually means having the drugs in your physical possession (for example, in your pocket or wallet or under your pillow). However, custody can also extend to include such places as your house or car;
- Control means that you have the right to do something with the drugs (for example, keep or use them).

Actual possession and the intention to possess may be inferred from a range of circumstances. Possession can be jointly held. If you are looking after drugs for someone else, you can still be guilty of possession, because the drugs are in your custody and control. There will be circumstances where, in the absence of admissions, possession will be difficult to prove to the satisfaction of the court.

Penalties/practices

In the ACT the maximum penalty for conviction for possessing an illicit drug is a fine of \$5,000 or imprisonment for 2 years, or both. The exception is cannabis. The maximum penalty for possessing less than 25 grams of cannabis is a fine of \$100. Penalties for possessing an illicit drug for the purposes of trafficking are higher (see 'Manufacture/Cultivation' and 'Supply/Trafficking' below). These charges may be supported by the presence of equipment such as scales, foils and deal bags.

Cautions/fines for minor cannabis offences

In the ACT 'simple cannabis offences' may proceed by way of an offence notice with a \$100 penalty attached. These are referred to as 'Simple Cannabis Offence Notices' or 'SCONs'. Provided the penalty is paid on time, no further criminal consequences will attach to the matter. The offence will not appear on a person's criminal record for the purposes of employment.

You should be aware that when this happens, it is not because the drugs have been made legal. You don't have a right to receive an offence notice and police will usually only issue one to a first-time offender, who must admit to possession of the illegal drug. Simple cannabis offences are those offences where a person is found cultivating 1 or 2 plants (not by artificial means), in possession of less than 25 grams of cannabis, or are found to have self-administered cannabis.

Self-administration & administering to others

Legal status

Administration of a 'drug of dependence', a 'prohibited substance' or a 'prohibited plant' to yourself or others is an offence, unless the drug has been lawfully prescribed.

'Drugs of dependence' includes amphetamines, cocaine and methadone.

'Prohibited substances' includes heroin, LSD, ecstasy and cannabis.

'Prohibited plants' includes cannabis.

Penalties/practices

Maximum penalty for administration of a drug of dependence, prohibited substance or prohibited plant is \$5,000 fine or 2 years' imprisonment, or both.

Charges of self-administration are difficult to prove without someone making an admission combined with some other evidence (for example, evidence of prior drug use or knowledge about drugs). Remember that any statements you make to police form part of the evidence that can

be used against you. No conversation with police is 'off the record'. For more information on your legal rights see the section on general legal information above.

Possession of fits & other equipment

Legal status

It is legal to possess fits and other drug-using equipment in the ACT, but possession of any of these may be used as evidence of illegal drug use. Although it is legal to receive fits from an authorised needle & syringe program, it is illegal to pass them on to someone else.

Penalties/practices

It is unlikely that police would charge you with possession on the basis of the minute quantities of drugs that are present in used fits. However, if you make admissions about using (self-administration) or you are found to be holding (possession), the used fit or fits may be used as corroborating evidence. If you are concerned about used fits and trace elements you can flush them with water immediately after use but the best approach is to dispose of them in a disposal container and return them to a needle & syringe program. It is also important to be aware of what you might be carrying when you go to a needle & syringe program to pick up or return fits.

Disposal of fits

Legal status

It is an offence to store or dispose of clinical or hazardous waste in a manner that is likely to cause injury or disease to a person lawfully dealing with that waste. This includes disposal of fits in household garbage.

Penalties/practices

The maximum penalty for storing or disposing of clinical or hazardous waste including used injecting equipment in a manner likely to cause injury or disease to a person lawfully dealing with that waste is a \$10,000 fine or 1 year imprisonment, or both.

Supply/trafficking

Legal status

It is illegal to sell or supply a drug of dependence or a prohibited substance or plant without lawful authority. It is also illegal to possess a drug of dependence or a prohibited substance for the purpose of selling or supplying it to another person. Because sharing a deal or helping someone score is part of drug-using culture, many users act as suppliers from time to time. A charge of supply can even rest on an offer to score on another person's behalf. There are also a number of other charges that can be made in relation to supply, including charges relating to participating in supply and conspiracy to supply.

If a person is found in possession of a trafficable quantity of drugs, an intention to traffic will be presumed in the absence of proof to the contrary. If you are a heavy user and the drugs are for personal use only, it may be advisable to make a statement to investigating officers to that effect at an early stage.

Penalties/practices

Penalties will depend on the quantity of drugs involved. See 'Manufacture/Cultivation' for quantities referenced below.

A person who is found to have trafficked in cannabis wherein the below offences do not apply may face a maximum penalty of \$30,000 or 3 years imprisonment, or both.

A person found guilty of sale or supply of a drug of dependence or prohibited substance faces a maximum penalty of \$50,000 or 5 years imprisonment, or both.

A person found to have who trafficked in a 'trafficable quantity' of cannabis faces a maximum penalty of \$100,000 or 10 years imprisonment, or both. A person who traffics in any other controlled drug faces the same penalty.

A person found to have trafficked in a 'commercial quantity' of a controlled drug faces a maximum penalty of \$250,000 or 25 years imprisonment, or both.

A person found to have trafficked in a 'large commercial quantity' of a controlled drug faces a maximum penalty of life imprisonment.

Proof that a person has prepared for supply, transported, guarded or concealed, or possessed a trafficable quantity of a controlled drug gives rise to a presumption that there was intention or understanding that the drug was to be sold. This presumption can be rebutted by evidence to the contrary.

Manufacture/cultivation

Legal status

It is an offence to manufacture, cultivate, or participate in the manufacture or cultivation of a drug of dependence or a prohibited substance or plant without lawful authority. With a charge of manufacture or cultivation you must be shown to be in possession of the equipment, drugs, plants, etc., involved. See 'Proving possession' above for information about the basic elements of possession.

Penalties/practices

Penalties will depend on the quantity of drugs involved. A person found cultivating (artificially or otherwise) 3 or more cannabis plants, or artificially cultivates 1 or 2 cannabis plants commits an offence - maximum penalty \$20,000 fine or 2 years imprisonment, or both.

Where an intention to sell the controlled drug being cultivated/manufactured is not proven, the maximum penalty is a \$100,000 fine or 10 years imprisonment, or both.

Where a person is found guilty of manufacturing or being involved in the manufacturing of a controlled drug for sale, the maximum penalty is a \$150,000 fine or 15 years imprisonment, or both.

Where a person is found guilty of manufacturing or cultivating a 'trafficable quantity' it is presumed unless proven otherwise that manufacture was for the purpose of sale. A trafficable quantity is 2 grams or more cocaine, amphetamine, methylamphetamine, heroin, or 300 grams or more cannabis or 10 cannabis plants.

Where a person is found guilty of manufacturing or cultivating a

'commercial quantity' - being 1kg or more cocaine, amphetamine, methylamphetamine, 25kgs or more cannabis or 100 cannabis plants, or 0.80 kg or more of heroin - maximum penalty is a \$250,000 fine or 25 years imprisonment, or both.

In the case of a 'large commercial quantity' being 2kgs or more of cocaine, amphetamine, or methylamphetamine, 125kgs or more of cannabis or 1000 cannabis plants, or 1.5kg or more of heroin - the maximum penalty is life imprisonment.

Sentencing & treatment

If a person is found guilty of an offence, committed when under the influence of drugs or motivated by the desire to obtain drugs, the court may consider whether a treatment order is appropriate and refer the matter for consideration by a panel.

These processes will not occur without the consent of the accused person and a lawyer will be present at panel hearings.

Where treatment is recommended by the panel, the court may order with consent of the accused, compliance with a treatment order including conditions such as supervision by a probation officer or regular review before the panel.

Offences under the regime include failing to comply with the order, committing further offences, or attempting to depart from ACT. An order may be extended varied or revoked wherein the original sentence for the offence may be reinstated. Appropriate treatment must be available. Treatment centres are obliged to report any breaches of treatment orders to the court.

Drug & driving

Random roadside drug testing does not occur in the ACT at present although this area of law is currently under development across many states and territories. You should check AIVL's online Legal Guide at www.aivl.org.au for the most up-to-date information on drugs and driving laws.

However, it is an offence to drive a motor vehicle in a public place whilst under the influence of a drug to such an extent as to be incapable of

having proper control of the vehicle. This offence does not distinguish between legal and illegal drugs but instead focuses on the issue of impairment.

Blood samples may be taken where a person is involved in an accident requiring hospitalisation and will be taken from the driver of the vehicle where there is reason to believe they contributed to the cause of the accident. While blood samples are generally tested for the presence of alcohol, police may request that the sample is tested for other drugs also if they have reason for doing so.

There is no offence for driving with a particular level of drugs in a person's system. Instead it must be proven that driving was impaired by the presence of the drug.

Penalties/practices

Penalties for driving under the influence are:

- For a first offence, a maximum fine of \$3,000 and/or maximum imprisonment 6 months, disqualification period minimum 6 months, default disqualification period 3 years;
- A 'repeat offender', a maximum fine of \$3,000 and/or maximum imprisonment of 12 months and disqualification period minimum 12 months, default disqualification 5 years.

Sex industry work

Brothel work

Legal status

It is legal for people aged 18 or over to work in a brothel that is in a prescribed location (in Fyshwick or Mitchell). Clients must be aged 18 or over. Common law and statutory law require employers to take reasonable steps to provide employees with a safe work environment. Employees who suffer injuries at work or in the course of employment may be eligible for compensation in some circumstances.

Penalties/practices

Maximum penalty where the offence relates to running a brothel in an

area that is not a prescribed location is a \$10,000 fine or 12 months' imprisonment for an individual. A company (as opposed to an individual) may be fined \$50,000. Having a person under 18 on the premises without reasonable excuse carries a \$2,000 fine.

Street work

Legal status

Street work is illegal in the ACT. It is illegal to accost any person or solicit or loiter in a public place.

Penalties/practices

The maximum penalty for loitering or soliciting in a public place for the purposes of street sex work is a \$2,000 fine.

If the person accosted is less than 18 years of age the maximum penalty is imprisonment for 3 years.

Home work/escort work

Legal status

It is legal to work alone from your own home or for an escort service. You must be over 18 and your clients must be over 16. If there are more than two workers on the same premises, the premises are considered to be a brothel, so it will be illegal unless the premises are in a prescribed location.

Penalties/practices

See 'Brothel work' above.

Sex work & sexually transmissible diseases

Legal status

The operator of a brothel or escort agency must take reasonable steps to ensure that a sex worker does not work if the worker is infected with a sexually transmissible disease. It is an offence under the ACT Prostitution Act for a sex worker or client to provide or receive sexual services if they know, or suspect, they have a sexually transmissible disease.

Penalties/practices

The maximum penalty for an individual owner and/or manager is a \$10,000 or imprisonment for 12 months for an owner and/or manager who is a company is a \$50,000 fine and for a worker or client a \$5,000 fine or imprisonment for 6 months.

Operators of brothels or escort agencies can be fined if they do not ensure that condoms are used at all times for any type of penetrative sex. They can also be fined if they discourage the use of condoms. Both workers and clients can be fined if condoms are not used during any type of penetrative sexual activity.

Other laws

Under ACT law it is a serious offence to induce a person to become or remain engaged in the sex industry, or provide or continue to provide payments derived from sex work, in the following circumstances: by way of intimidation, assaults or threats, by supply or offers to supply a drug of dependence, or by way of false representations or other fraud. The maximum penalty is 6 years imprisonment.

Legal support is generally recommended whenever victims of crime are pursuing remedies, whether these involve applications for compensation or following up to ensure an investigation is occurring. Making a report to police as soon as possible regarding the incident is crucial.

Discrimination

Legal status

Under the ACT Discrimination Act discrimination is prohibited on the grounds of sex/gender, sexuality, transsexuality, marital status, status as parent or carer, pregnancy, race, religious or political conviction, impairment, membership or

non-membership of an association or organisation of employers or employees, age, profession, trade, occupation or calling. The Act also prohibits sexual harassment and racial vilification. 'Impairment' includes being hepatitis C or HIV positive or having an associated illness and being on a drug treatment program including methadone and buprenorphine.

There is also legal protection against discrimination for people with disabilities under the Federal Disability Discrimination Act. Although the area of disability and drug use is contentious and somewhere unclear, there have been a number of court cases that have confirmed drug dependency as a disability for the purposes of the Federal Disability Discrimination Act. HIV and hepatitis C related discrimination is also illegal under the Federal Disability Discrimination Act.

The ACT is also one of only two jurisdictions in Australia that has specific human rights legislation (along with Victoria). The ACT Human Rights Act provides an explicit statutory basis for respecting, protecting and promoting civil and political rights. Rights including recognition and equality before the law, the right to life, the right not to be subject to torture and cruel, inhuman or degrading treatment, the right not to be subject to medical treatment or experimentation without consent, the right to privacy and reputation, freedom of expression, thought and movement and the right to a fair trial and rights in criminal proceedings. These rights reflect Australia's international human rights obligations under the International Covenant on Civil and Political Rights.

Penalties/practices

Penalties for discriminatory actions vary, depending which tribunal or court is involved. Complaints about discrimination under the ACT Discrimination Act can be made to the ACT Human Rights Commission which includes the ACT Health Services Commissioner. The Human Rights and Discrimination Commissioner may only investigate complaints that have been made in writing with a signature of consent from the complainant. The Health Services Commissioner has a mandate to consider complaints about the provision of health services and services for older people, and complaints about contraventions of the privacy principles or of a consumer's right of access to his or her health records under the ACT Health Records (Privacy and Access) Act. Complaints under the Federal Disability Discrimination Act can be made to the Commonwealth Human Rights and Equal Opportunity Commission (HREOC).

The ACT Human Rights Commissioner does not have the power to

investigate individual claims of human rights breaches under the ACT Human Rights Act. The focus of the Act is about getting things right at a planning and policy stage, rather than conducting individual investigations. The Commission does have a role however in advising and ensuring the ACT Government anticipates and prevents potential human rights infringements through analysis and review of legislation and policy. If a person is a victim of a breach of their human rights by a public authority (generally an ACT government agency or an agency performing ACT government functions) they may be able to commence proceedings in the ACT Supreme Court to enforce their rights. The Commission recommends that individuals seek legal advice before considering legal proceedings.

For information on free legal advice see the legal and discrimination section in the services directory for the contact numbers for community legal services and for the Commission. Consumer rights organisations in each region can give you further information, or else you can contact your local drug user organisation for assistance in making a complaint.

Sexuality

Sexual relationships

Legal status

The legal age of consent for males and females is 16 years.

Penalties/practices

The maximum penalty for a breach of the age of consent laws is 14 years imprisonment.

Blood borne viruses (BBVs) & sexually transmissible infections (STIs)

Legal status

Hepatitis and HIV are notifiable diseases. Notification of HIV infection is by code number only. There is no legal requirement for you to have your blood tested for hepatitis or HIV. The ACT Public Health Act however does allow the disclosure of certain confidential information relating

to a person's HIV status to the ACT Chief Health Officer and gives the ACT Chief Health Officer the power to require HIV testing under specific circumstances.

It is an offence under the ACT Public Health Act to disclose a person's notifiable condition including HIV in a manner in which the person concerned could be identified, without good reason.

Under ACT public health law there is no specific legal obligation on HIV-positive people to disclose their status before having sex. There are guidelines to assist 'responsible persons' under the ACT Public Health Act to manage people who knowingly or unknowingly may be putting others at risk of exposure to HIV but these guidelines are not meant to be used for managing behavior that constitutes a criminal offence.

At ACT criminal law it is an offence to intentionally or recklessly inflict grievous bodily harm on another person which can include putting another person at risk of HIV infection.

Penalties/practices

If your blood is taken you have the right to know why and what tests will be conducted with the sample. If a blood sample is taken without your consent (except under subpoena), you may have the right to take legal action for assault.

The maximum penalty for failing to comply with the confidentiality provisions of the ACT Public Health Act in relation to a person's HIV status is 50 penalty units (\$5,000), imprisonment for 6 months or both (or \$25,000 for a corporation).

The maximum penalty for intentionally or recklessly inflicting grievous bodily harm on another person is imprisonment for 15 years.

the Directory

the Directory

Where to get help,
support and advice
in your State
or Territory

Service Directory Information

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New South Wales (NSW)

Drug User Organisations:

NSW Users and AIDS Association (NUAA)

NUAA is a not-for-profit organisation advocating for people who use drugs, particularly injecting drug users. It provides education, practical support, information and advocacy to users of illicit drugs, their friends and allies. NUAA operates an NSP with general injecting equipment and safe sex supplies.

Address: 345 Crown Street Surry Hills NSW

Contact: (02) 8354 7300

Freecall: 1800 644 413

Website: www.nuaa.org.au

Operating hours: 11.00 am – 4.30 pm Monday, Wednesday, Thursday, Friday (closed 1.30 pm – 2.00 pm)

Where To Go For Equipment:

(Fits, swabs, sterile water, disposal bins, condoms, dams etc)

See NUAA

Alcohol and Drug Information Service (ADIS)

24 hour confidential telephone service for NSP locations

Contact: (02) 93618000

Freecall: 1800 422 599

Needle and Syringe Program (NSP):

Sydney

Also provides a drop-in space

Address: 9 Commonwealth Street Surry Hills NSW

Operating Hours: 10:00am - 6:00 pm Monday - Friday

Illawarra

Address: 47 Kenny Street Wollongong NSW

Operating Hours: 9.00 am – 5.00 pm Monday - Friday

Hunter

Tea and coffee also available

Address: 129 Maitland Road Islington NSW

Contact: (02) 4927 6808

Operating Hours: 9.00am - 5.00pm Monday - Friday

Northern Rivers

Address: 27 Uralba Street Lismore NSW

Contact: (02) 6622 1555

Operating Hours: 9.00 am – 5.00 pm Monday, Tuesday, Thursday, Friday 10.00 am – 5.00 pm Wednesday

Disposal Hotlines:

24 hour 'needle clean up' hotline

Free call: 1800 633 353

Where To Go For Other Services

Hepatitis:

See NUAA

Hepatitis NSW

Provides education, information, support and referral on all hepatitis related matters

Address: Level 1 349 Crown Street Surry Hills NSW

Contact: (02) 9332 1853

Free call: 1800 803 990

Website: www.hepatitisc.org.au

HIV/AIDS:

See NUAA

AIDS Council of NSW (ACON)

ACON provides a wide range of HIV/AIDS education programs, projects and materials. Also provides a wide range of community services advice and referral.

Address: 9 Commonwealth Street Surry Hills NSW

Contact: (02) 9206 2000

Free call: 1800 063 060

Website: www.acon.org.au

Albion Street

Community based, multi-disciplinary centre dealing with HIV and

hepatitis C clinical management ,counselling research, prevention and education.

Address: 150-154 Albion Street Surry Hills NSW

Contact: (02) 93329600

HIV Info Line: (02) 9332 9770 or 1800451 600

PEP Hotline: 1800 737 669

Drug Treatments and Information:

Alcohol and Drug Information Service (ADIS)

Wherever you are in NSW you can ring this 24 hours service to find out about drug and alcohol services in your area.

Contact: (02) 93618000

Freecall: 1800 422 599

Kirketon Road Centre (KRC)

A primary care facility offering a wide range of services to current drug users. KRC operates a comprehensive medical, counselling and social welfare service including methadone access and a needle syringe program from above the Darlinghurst Fire Station.

Address: Above the Darlinghurst Fire Station, entrance on Victoria Street, Darlinghurst NSW

Contact: (02) 9360 2766

Fax: (02) 9360 5154

Emergency Services

Ambulance, Police, Fire: 000

Freecall from all mobile phones: 112

Poisons Information Hotline: 13 11 26

Legal and Discrimination:

Legal AID NSW

Provides legal advice and support

Address: Ground Floor 323 Castlereagh Street Sydney NSW

Contact: (02) 9219 5000

Website: www.legalaid.nsw.gov.au

NSW Ombudsman

The NSW Ombudsman is an independent watchdog whose job it is to ensure government agencies fulfil their functions properly without discrimination.

Location: Level 24 580 George Street Sydney NSW

Contact: (02) 9286 1000

Free call: 1800451 524

Website: www.ombo.nsw.gov.au

Indigenous Services

Aboriginal Health and Medical Research Council

The AH&MRC is the recognised peak body and voice of Aboriginal communities on Aboriginal health matters in NSW.

Address: Level 3 66 Wentworth Avenue Surry Hills NSW

Contact: (02) 9212 4777

Website: www.ahmrc.org.au

Aboriginal Legal Service (NSW/ACT)

Provides legal aid services to Indigenous Australians in NSW

Address: NSW Head Office – Parramatta

Suite 404 56 Station Street Parramatta NSW

Contact: (02) 8842 8000

The Indigenous Law Centre (ILC)

The ILC is to contribute to the advancement of Indigenous peoples rights and social justice, in Australia and internationally.

Address: Level 1, The Law Building University of NSW

Building F8 Union Road, UNSW Kensington Campus NSW

Contact: (02) 9385 2255

Website: www.ilc.unsw.edu.au

Culturally & Linguistically Diverse Communities (CALD):

Multicultural HIV/AIDS and Hepatitis C Services (MHAHS)

MHAHS works to respond to HIV/AIDS and HCV among people from culturally diverse backgrounds. Medicare card is not required.

Address: Level 2 Building 12 corner of Grose Street and Missenden Road Camperdown Sydney

Contact: (02) 9515 5030

Free call: 1800 108 098

Website: www.multiculturalhivhepc.net.au

NSW Multicultural Health Communications Service

Information and services to assist health professionals when communicating with non English speaking people

Address: Gladesville Hospital Building 11 Victoria Road Gladesville NSW

Contact: (02) 9816 0347

Website: www.mhcs.health.nsw.gov.au

Sex Worker Groups and Information:

Sex worker Outreach Project (SWOP)

SWOP provides information and education for workers in the sex industry and promotes the health, safety and wellbeing of workers.

Address: 69 Abercrombie Street Chippendale NSW

Contact: (02) 9319 4866

Freecall: 1800 622 902

Website: www.swop.org.au

Sydney Sexual Health Centre (SSHC)

This service is free and no Medicare card is required all sexual health checks and information available

Address: Level 3 Nightingale Wing Sydney Hospital Macquarie Street Sydney

Contact: (02) 9382 7440

Free call: 1800 451 654

Website: www.sesiahs.health.nsw.gov/sydhosp/services/sshc.asp

Social Support:

Housing NSW

Housing Contact Centre 1300 HOUSING

Freecall: 1300 468 746

TTY: 1800 628 310

Website: <http://www.housing.nsw.gov.au/>

Centrelink NSW

Has over 300 Customer Service Centres Australia-wide, more than 500 Agents and Access Points in rural and remote areas and other specialist outlets.

Website: www.centrelink.gov.au

St Vincent de Paul

Accommodation, financial assistance, family support, food, furniture and clothing for those in need

Address: 2c West Street Lewisham, Sydney NSW

Contact: (02) 9560 8666

Website: www.vinnies.org.au

Service Directory Information

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Victoria (Vic)

Drug User Organisation:

Harm Reduction Victoria (Victorian drug users group)

Harm Reduction Victoria is a state wide membership-based organisation of drug users. Membership is made up of current users, ex-users and people who agree with Harm Reduction Victoria's aims and objectives. Harm Reduction Victoria operates peer education projects throughout Victoria, provides information on drugs, Hep C, HIV, overdose, services and the law and operates PACS, a consumer advocacy and information service for people on methadone or buprenorphine. Harm Reduction Victoria provides advice on everything to do with safer drug use and referrals to user-friendly services. The service is confidential and visitors and volunteers are welcome.

Address: 128 Peel Street, North Melbourne VIC

Contact: (03) 9329 1500

PACS Freecall: 1800 443 844

Website: www.hrvic.org.au

Where To Go for Equipment:

(Fits swabs sterile waters disposal bins, condoms dams etc)

Directline

24 hour phone service which will direct you to the nearest NSP in Victoria

Free call: 1800 888 236

Needle and Syringe Programs (NSP)

Free NSP is provided throughout most of Victoria, through community health centres, community exchanges, foot patrol and other locations.

Freecall: 1800 888 236 (24 hours)

Disposal Hotlines:

Disposal Helpline

Freecall: 1800 552 355

Where To Go For Other Services:

Hepatitis:

See Harm Reduction Victoria

Hepatitis Victoria

This organisation provides information support and referral on hepatitis c to the general community

Address: Suite 5 Sydney Rd Brunswick Melbourne VIC

Contact: (02) 9380 4644

Freecall: 1800703 003

Website: www.hepcvic.org.au

HIV/AIDS:

See Harm Reduction Victoria

Victorian AIDS Council/Gay Mens Health Centre

Provides HIV/AIDs and sexual health education and information

Address: 6 Claremont Street South Yarra VIC

Contact: (03) 9865 6700

Freecall: 1800 134 840 (VIC country)

Website: www.vicaids.asn.au

Drug Treatments and Information:

Directline

24 hour Victoria wide service that will provide information on the closest drug treatment service

Free call: 1800 888 236

Turning Point

Turning Point strives to promote and maximise the health and wellbeing of individuals and communities living with and affected by alcohol and other drug-related harms. Contact our main office for more details about any of our services or programs.

Address: 54–62 Gertrude Street Fitzroy VIC

Contact: (03) 8413 8413

Website: www.turningpoint.org.au

Emergencies:

Ambulance: 000

Freecall from all mobile phones: 112

Victorian Poisons Information Centre: 13 11 26

Legal and Discrimination:

Victorian Legal AID (VLA)

This service provides legal advice and to people on low incomes.

Legal Information service: (03) 9269 0120

Free call: 1800 677 402 (country areas)

Website: www.legalaid.vic.gov.au

Ombudsman Victoria

This service investigates complaints against local government and state police. It provides access for all members of the public to an independent means of complaint resolution Victoria wide.

Contact: (03) 9281 7111

Freecall: 1800806314 (regional only)

Website: www.ombudsman.vic.gov.au

Indigenous Services:

Victorian Aboriginal Community Controlled Organisation (VACCHO)

Provide legal advice and support to the indigenous community.

Address: 5-7 Smith Street Fitzroy VIC

Contact: (03) 9419 3350

Victorian Aboriginal Legal Service

Provides legal advice to the indigenous community

Address: Head Office 6 Alexandra Parade Fitzroy VIC

Contact: (03) 9419 3888

Freecall: 1800 064 865

Website: www.vals.org.au

Culturally & Linguistically Diverse Communities (CALD):

Victorian Multicultural Commission

Address: Level 3 3 Treasury Place East Melbourne VIC

Contact: (03) 9651 0651

Website: www.vmc.vic.gov.au

Multicultural and Migrant Resource Centre

Contact: (03) 9367 6044

Sex Worker Groups and Information:

Resourcing Health and Education in the Sex Industry (RhED)

A community based service that offers support and legal help to workers.

Address: 10 Inkerman Street St Kilda Vic

Contact: (03) 95348166

Freecall: 1800 458 752

Website: www.sexworker.org.au

Melbourne Sexual Health Centre (MSHC)

Provides testing and treatment for all STIs, a free confidential service.

Address: 580 Swanston Street Carlton Vic

Contact: (03) 9341 6200

Freecall: 1800 032 017

Website: www.mshc.org.au

Social Support:

Victorian Department of Human Services – Housing

Address: 50 Lonsdale Street Melbourne Vic

Freecall: 1300 650 172

Website: www.housing.vic.gov.au General

Housing Enquiries: Housing@dhs.vic.gov.au

Telephone Enquiries: 1300 650 172

Centrelink Victoria

Website: www.centrelink.gov.au

St Vincent de Paul

Provide a wide range of welfare services and support to disadvantaged people.

Address: 43 Prospect Street Boxhill Vic

Contact: (03) 9895 5800

Welfare assistance Line: 1300 305 330

Website: www.vinnies.org.au

Service Directory Information

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Queensland (QLD)

Drug User Organisation:

QulHN (Queensland Intravenous Health Network) QulHN is a State wide organisation that provides Needle Syringe Programs, counselling, support services, distribution of information, education, life skills programs and services that relate to illicit drug use, blood borne viruses, sexual health and other psychological and physical health issues. QulHN's members, board of management, staff and volunteers are committed to supporting and promoting the health and well being of people who currently use illicit drugs, those who have used illicit drugs in the past and members of the community touched or affected by illicit drug use.

Brisbane Office

Address: 89-101 Gipps Street Fortitude Valley QLD

Contact: (07) 3620 8111

Website: www.quihn.org

Operating Hours: 9.00am - 5.00pm Monday - Friday

Cairns Office

Address: Suite 5/61 McLeod Street Cairns QLD

Contact: (07) 4051 4742

Operating Hours: 9.00am-5.00pm Monday - Friday

Sunshine Coast Office

Address: 59 Sixth Avenue Cottontree QLD

Contact: (07) 5443 9576

Operating Hours: 9.00am -5.00pm Monday - Friday

QuIVAA (Queensland Intravenous AIDS Association)

QuIVAA is a community-based association that operates under a user 'self- organisation' model. Services include HIV/AIDS education workshops and materials, hepatitis C information, peer education training, outreach education programs, training for volunteers, newsletters and magazines, a weekly clinic, various skill-development workshops and disseminating HIV/AIDS, Hep C and drug information to the community home detox program. Visitors welcome. Service is totally confidential and anonymous. Free needle and syringe exchange program.

Address: 89-101 Gipps Street Fortitude Valley QLD

Contact: (07) 3620 8160

Website: www.quivaa.org.au

Operating Hours: 9.00am - 5.00pm, Monday - Friday (NB, office is not always staffed)

Where To Go For Equipment:

(Fits, swabs, sterile water, disposal bins, condoms, dams etc)

See QuIVAA

Alcohol and drug information service (ADIS)

24 hours information service on closest NSP

Contact: (07) 3236 2414

Freecall: 1800 177 833

Disposal Hotlines:

ADIS

For information about where to pick up sharp safes and places to dispose of fits safely

Contact: (07) 3236 2414

Freecall: 1800 177 833

Where To Go For Other Services:

Hepatitis:

See QUIVAA

Hepatitis C Council of Queensland (HCQ)

Community based organisation providing hepatitis C related information to the general public

Address: Mezzanine Floor, 30 Herschel Street Brisbane QLD

Contact: (07) 32360601

Freecall: 1800 648 491

Website: www.hepqld.asn.au

HIV/AIDS:

See QUIVAA

Queensland Association for Healthy Communities (QAHC)

QAHC mission is to provide health and wellbeing information to gay lesbian bisexual and transgender communities in QLD.

Address: 30 Helen Street Newstead QLD

Contact: (07) 3017 1777

Freecall: 1800 177434 (outside Brisbane)

Website: www.qahc.org.au

Operating Hours: 9.00am -5.00pm Monday to Friday

Drug Treatments and Information:

Alcohol and Drug Information Service (ADIS)

Provides 24-hour information and referral to drug treatment services throughout Queensland

Contact: (07) 38375989

Freecall: 1800 177 833

Biala City Community Health

Provides a range of drug and alcohol services

Address: 270 Roma Street Brisbane QLD

Contact: (07) 38375988

Website: www.health.qld.gov.au/northside/documents/biala_chc.pdf

Emergencies:

Ambulance: 000

Freecall from all mobile phones: 112

Poisons Information Centre: 13 11 26

Legal and Discrimination:

Legal Aid Queensland

Offers free legal advice and support.

Address: Brisbane Office 44 Herschell Street Brisbane QLD

Contact: 1300 651 188
 Indigenous Info line: 1300 650 143
 Website: www.legalaid.QLD.gov.au

Ombudsman

Independent agency that investigates complaints about local government agencies

Address: Level 17 53 Albert Street Brisbane QLD
 Contact: (07) 3005 7000
 Freecall: 1800 068 908
 Website: www.ombudsman.qld.gov.au/
 Operating Hours: 9.00am - 5.00pm Monday - Friday

Indigenous Services:

Queensland Aboriginal and Islander Health Council

QAIHC is the state peak body representing the Community Controlled Health Sector in Queensland at both state and national level. Its membership comprises 21 Community Controlled Health Services (CCHS) located throughout Queensland.

QAIHC – West End

Address: 21 Buchanan Street West End QLD
 Contact: (07) 3328 8500

QAIHC – Townsville

Address: Level 2, 143 Walker Street Townsville QLD
 Contact: (07) 4721 0744

QAIHC – Cairns

Address: 186 McCombe Street (c/o Apunipima Cape York Health Council)

Bungalow QLD

Contact: (07) 4081 5600

Aboriginal and Torres Strait Island Legal Service (QLD)

Legal advice and support to the indigenous community
 Address: 44 Herschel Street, Brisbane QLD
 Freecall: 1300 651 188 – Client information service
 1300 650 143 – Indigenous information line
 Website: www.legalaid.qld.gov.au

Culturally & Linguistically Diverse Communities (CALD):

Refugee & CALD Health

Address: Place 91 Wembly Road Logan QLD
 Contact: (07) 3290 3733

Telephone Interpreter Service

Freecall: 1800 251 977 (24 hours)

National Ethnic Line

Tel: 13 14 50

Sex Worker Groups and Information:

Information for Sex Workers in the Sex Industry (WISI)

Provides a telephone information service, and relevant fact sheets to download

Contact: (07) 3250 0251
 Website: www.sqwisi.org.au

Brisbane Sexual Health Clinic (BSHC)

The BSHC is a walk in triage programme, clients' needs are assessed immediately

Address: Floor 1, Roma Street Brisbane QLD

Contact: (07) 3837 5611

Website: www.health.qld.gov.au/sexhealth/help/brisbane.asp

Social Support:

Queensland Housing and Homelessness

Website: www.housing.qld.gov.au/contact/index.htm

Centrelink

Contact: (07) 3864 0299

Website: www.cis.qsa.qld.edu.au/jobs/jobinfo/centrelink.html

St Vincent de Paul

Provides clothes and food vouchers to people in need

Address: 10 Merivale Street South Brisbane QLD

Contact: (07) 3010 1000

Support Assistance: (07) 3217 3700

Service Directory Information

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Western Australia (WA)

Drug User Organisations:

WA Substance Users Association (WASUA)

WASUA provides a range of services to those who use, or are affected by, the use of illicit substances. A full range of injecting equipment is available – the majority of items are free on exchange, 1 for 1 basis – some items are available at low cost – please phone for price lists. WASUA also offers a range of services including Hepatitis C education and counselling, an outreach service, drug treatment and referral, advocacy for people experiencing difficulties with their pharmacotherapies and a health clinic where you can be tested for sexually transmitted infections and blood borne viruses such as Hep C. The clinic also does hepatitis A and B.

Address: 519 Murray Street West Perth WA

Contact: (08) 9321 2877

Website: www.wasua.com.au

Operating Hours: 10.00am-4.00pm Saturday –
Wednesday 10.00am – 8.00pm Thursday/Friday

Where To Go For Equipment:

(Fits, swabs, sterile water, disposal bins, condoms, dams etc)

See WASUA

Alcohol and Drug Information Service (ADIS)

24 hour telephone service which will provide you with the location of NSPs in WA

Contact: (08) 9442 5000

Freecall: 1800 198 024 (country callers only)

Website: ADIS@health.wa.gov.au

Disposal Hotlines:

See WASUA

Alcohol and Drug Information Service (ADIS)

24 hour telephone service which will provide you information on safe disposal

Contact: 08 9442 5000

Freecall: 1800 198 024 (country callers only)

Website: ADIS@health.wa.gov.au

Where To Go For Other Services:

Hepatitis:

See WASUA

Hepatitis C Council of Western Australia

Provides information and education on hepatitis to the general

community

Address: 187 Beaufort Street Northbridge WA

Contact: (08) 9328 8538

Freecall: 1800 800 070

Website: www.hepatitiswa.com.au

HIV/AIDS:

See WASUA

WA Aids Council (WAAC)

Provides education and support for people living with HIV/AIDS

Address: 664 Murray Street West Perth WA

Contact: (08) 9482 0000

Website: www.waaid.com

Operating Hours: 9.00am-5.00pm Monday - Friday

Website: www.waaid.org.au

Drug Treatments and Information:

Alcohol and Drug Information Service (ADIS)

24 hour telephone service which will provide you with drug and alcohol information

Contact: 08 9442 5000

Free call: 1800 198 024

Website: ADIS@health.wa.gov.au

NEXT STEP Drug and Alcohol Services WA

Provides access to clinical treatment and information on alcohol and other drugs

East Metro Drug and Alcohol Centre

Address: 32 Moore Street East Perth WA

Contact: (08) 9219 1919

South Metro

Address: Level3/ 22 Queen Street Fremantle WA

Contact: (08) 9430 5966

North Metro

Address: Unit 9 26 Dugdale Street Warwick WA

Contact: (08) 9246 6767

Emergencies:

Ambulance: 000

Freecall from all mobile phones: 112

Poisons information: 13 11 26

Legal and Discrimination:

Legal Aid Western Australia

Provides legal advice and information for the general community

Address: Perth Office 55 Georges Terrace Perth WA

Contact: (08) 9261 6222

Freecall: 1300 650 579

Website: www.legalaid.wa.gov.au

Western Australian Ombudsman

An independent body that ensures the workings of government agencies are accountable to the community

Address: Level 12 44 St Georges Terrace Perth WA

Contact: 08 9220 7555

Free call: 1800 117 000

Website: www.ombudsman.wa.gov.au/

Indigenous Services:

Aboriginal Health Council Western Australia (AHCWA)

Provides health services to the indigenous community in Western Australia

Address: Dilhorn House 2 Bulwer Street Perth WA

Contact: (08) 9227 1631

Website: www.ahcwa.org.au

Aboriginal Legal Service of WA

Provides legal services and advice to the local indigenous community

Address: 7 Aberdeen Street East Perth WA

Freecall: 1800 019 900

Website: www.als.org.au

Culturally & Linguistically Diverse Communities (CALD):

Directory of Services for New Arrivals in Western Australia

Provides services and contact details of all multicultural services in WA

Address: Level 10 Dumas House 2 Havelock Street West Perth WA

Contact: (08) 9217 1600

Website: www.omi.wa.gov.au/omi_msd.asp

Sex Worker Groups and Information:

Magenta Sex Worker Project

Provides services to support and promote the health and safety of people involved in the sex industry

Contact: (08) 9328 1387

Website: www.magenta.org.au

FPWA Sexual Health Services

Provides reproductive and STI health checks

Address: 70 Roe Street Northbridge WA

Contact: (08) 9227 6177

Website: www.fpwa.org.au

Social Support:

Department of Housing

Address: 99 Plain Street East Perth WA

Contact: (08) 9222 4666

Freecall: 1800 093 325

Website: www.dhw.wa.gov.au

Centrelink

Website: <http://www.centrelink.gov.au>

St Vincent de Paul

Assistance with food clothing etc, for disadvantaged people

Address: 76 Abernethy Road, Belmont WA

Contact: (08) 9475 5400

Service Directory Information

Introduction:

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South Australia (SA)

Drug User Organisation

SAVIVE (South Australian Voice for IV Education)

SAVIVE is a community program of the AIDS Council of South Australia that aims to improve the health of people who inject drugs, their families and the wider community by providing information and education to reduce harms associated with injecting. SAVIVE provides sterile injecting equipment, peer education and health promotion information and resources. Information on overdose, Hep C, B and A, HIV/AIDS and safer injecting is available, as are confidential support and referrals.

Address: 64 Fullarton Road, Norwood, SA

Contact: (08) 8334 1699

Website: www.acsa.org.au/savive/html

Operating Hours: 9.30am - 5.30pm Monday - Friday

Where To Go For Equipment:

(Fits, swabs, sterile water, disposal bins, condoms, dams etc)

See SAVIVE

Alcohol and Drug Information Service (ADIS)

24 hours a day to find other CNP outlets in SA.

Freecall: 1300 131 340 (SA only)

Disposal Hotlines:

Needle Clean up Hotline

A statewide service for people to report incidents of needles and syringes found in public places. Hotline staff will arrange collection as soon as possible. Advice is also available on how to dispose of needles and syringes safely and how to deal with a needle stick injury.

Freecall: 1300 131 340

Where To Go For Other Services:

Hepatitis:

See SAVIVE

Hepatitis C Council of SA

Information, education and support on hepatitis to the general community.

Address: 3 Hackney Road Hackney SA

Contact: (08) 8362 8443

Info and Support line: (03) 8362 8443

Website: www.hepccouncilsa.asn.au

Operating Hours: 9.00am - 5.00pm Monday - Friday

Website: www.hepccouncilsa.asn.au

HIV/AIDS:

See SAVIVE

AIDS Council of South Australia (ACSA)

ACSA seeks to promote the best health and quality of life for people living with HIV/AIDS, gay men and men who have sex with men, people who inject drugs and sex workers. Call ACSA for information about AIDS support groups and HIV testing and counselling

Address: 64 Fullarton Road Norwood SA

Contact: (08) 8334 1611

Free call: 1800 888 559

Website: www.acsa.org.au

Drug Treatments and Information:

Alcohol and Drug Information Service

Provides information, counselling and referral to all drug treatment services in SA

Freecall: 1300 131 340 (SA only)

Operating Hours: 24 hours, 7 days a week

Warinilla Clinic

Inpatient detox and info on where to find GPs and dispensing pharmacies for methadone/bupe

Address: 92 Osmond Terrace Norwood SA

Contacts: (08) 8130 7500

Freecall: 1300 131 340

Website: www.dasc.sa.gov.au/site/page.cfm?u=176

Emergencies:

Ambulance, Police, Fire: 000

Freecall from all mobile phones: 112

Poisons Information Centre: 13 11 26

Legal and Discrimination:

Legal AID Commission of South Australia

Adelaide Office

Address: 82-98 Wakefield Street, Adelaide

Contact: (08) 8463 3555

Website: www.lsc.sa.gov.au

South Australian Ombudsman

Investigates complaints against local and State government departments, councils, etc

Contact: (08) 8226 8699

Free call: 1800 182 150

Website: www.ombudsman.sa.gov.au

Indigenous Services:

Aboriginal Health Council of South Australia

Information and referral to a wide range of services for Aboriginal people

Address: 9 King Williams Road Unley Adelaide SA

Contact: (08) 8273 7200

Website: www.ahcsa.org.au

Aboriginal Legal Rights Movement SA

The Aboriginal Legal Rights Movement is a non-profit organisation which provides a free legal service to Aboriginal people and their dependents. The ALRM also provides financial counselling services and educational resources

Address: 321-325 King William Street Adelaide SA

Contact: (08) 8113 3777

Website: www.alrm.org.au

Culturally & Linguistically Diverse Communities (CALD):

Migrant Resource Centre

Information and referral to services for people from culturally and linguistically diverse backgrounds

Address: 59 King William Street Adelaide SA

Contact: (08) 8217 9500

Website: www.mrcsa.com.au

Sex Worker Groups and Information:

SA SIN (South Australian Sex Industry Network)

A community-based program of the AIDS Council of SA which offers support, advocacy, referrals and information to people working in all areas of the sex industry. SIN offers, at a reduced rate, condoms, lube, dams and other safe-sex tools. It also provides a CNP service and an outreach service for street based sex workers.

Address: 64 Fullarton Road, Norwood SA

Contact: (08) 8334 1666

Website: www.sin.org.au

Shine SA

All Shine SA clinics provide STI testing, contraception, pap smears, sexual counselling, pregnancy testing and general counselling.

Contact: (08) 830 05300

Website: www.shinesa.org.au/

Social Support:

Housing SA

Customer Relations Office

Address: Level 2, Riverside Centre, North Terrace Adelaide SA

Contact: 131 299

Website: www.dfc.sa.gov.au

Centrelink SA

Website: www.centrelink.gov.au

St Vincent de Paul

Accommodation, financial assistance, family support, food, furniture and clothing for those in need

Address: 202 Franklin St. Adelaide SA

Contact: (08) 8112 8700

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Tasmania

Drug User Group Organisation:

(TasCAHRD)

Tasmania does not currently have a user group however TASCARD is a member of AIVL. The peer workers attend our Annual General Meetings and have input to all our resources and programs. TASCARD provides information and education to the injecting drug using community on HIV, HCV and all Blood Borne Viruses

Hobart Office

Address: 319 Liverpool St Hobart Tas
Contact: (03) 6234 1242
Freecall: 1800 005 900

Glenorchy Office

Address: 2 Terry St Glenorchy Tas
Freecall: 1800 005 90
Website: www.tascard.org.au

Contact NSP State coordinator for information on other outlets and pharmacies that provide fit packs.

Where To Go For Equipment:

See TasCAHRD

Alcohol and Drug Information Service (ADIS)

For information on the closest NSP to you

Contact: (03) 6222 7511

Freecall: 1800 811 994

Disposal Hotlines

Alcohol and Drug Information Service (ADIS)

For information on disposal

Contact: (03) 6222 7511

Freecall: 1800 811 994

NSP State coordinator for locations

Contact: (03) 6222 7689

Where To Go For Other Services:

Hepatitis and HIV/AIDS:

See TasCAHRD

Drug Treatments and Information:

Alcohol and Drug Services

South contact: (03) 6230 7901

North contact: (03) 6336 5577

North West contact: (03) 6429 8555

Freecall: 1800 811 004 (24 hours)

Mental Health Service free call: 1800 332 338

The Inpatient Withdrawal Clinic

This is the only dedicated detox service in Tasmania. Some private hospitals will also provide detox.

Contact: (03) 6230 7970

Emergency Services:

Ambulance, Police, Fire: 000

Freecall from all mobile phones: 112

Poisons Information Hotline: 13 11 26

Legal and Discrimination:

Legal AID Tasmania

Legal advice and support available.

Address: 158 Liverpool Street Hobart Tasmania

Contact: (03) 6236 3800

Website: www.legalaid.tas.gov.au

Tasmanian Ombudsman

The Ombudsman is an independent watchdog whose job it is to ensure government agencies fulfil their functions properly without discrimination

Hobart office

Address: Ground Floor 99 Bathurst Street Hobart Tasmania

Freecall: 1800 001 170

Website: www.ombudsman.tas.gov.au

Indigenous Services:

Tasmanian Aboriginal Centre (TAC)

The TAC runs a number of community programs to assist indigenous people including legal, health, child care, youth and dental services.

Address: Head Office – Hobart 198 Elizabeth Street Hobart Tasmania

Contact: (03) 6234 0700

Freecall: 1800 132 260

Culturally & Linguistically Diverse Communities (CALD):

Multicultural Council of Tasmania

Address: 49 Molle Street Hobart Tasmania

Contact: (03) 6231 5067

Website: www.mcot.org.au

Sex Worker Groups and Information:

Sex Workers Advocacy and Support

See TasCAHRD

Contact: (03) 6234 1242

Family Planning Tasmania

All family planning centres provide STD testing, contraception, Pap smears, sexual counselling and pregnancy testing and counselling. Some centres also provide sexuality education and resources

Hobart Clinic

Address: 2 Modwood Street Newtown Tasmania

Contact: (03) 6228 5244

Social Support:**Department of Housing Tasmania**

Contact: (03) 6233 3964

Website: www.dhhs.tas.gov.au

Centrelink Tasmania

Website: www.centrelink.gov.au

St Vincent De Paul

Provides assistance with food, clothing and general support for people on low incomes

Address: 191 Invernay Road Invernay Tasmania

Contact: (03) 6333 0822

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Northern Territory (NT)

Drug User Organisation:

Territory Users Forum (TUF)

Postal Address: PO Box 701 Parap NT

Contact: 0410 292 788

Where To Go For Equipment:

(Fits, swabs, sterile water, disposal bins, condoms, dams etc)

Northern Territory AIDS and Hepatitis Council (NTAHC)

Provides education and advice on HIV and BBV for injecting drug users

Darwin Office:

Address: 46 Woods Street Darwin NT

Contact: (08) 8941 1711

Website: www.ntach.org.au

Operating Hours: 8.30am -5.00pm Monday – Friday 9.00am – 2.00pm Saturday (NSP only)

Alice Springs Office:

Address: 14 Railway Terrace Alice Springs NT

Disposal Hotlines:

See Northern Territory AIDS and Hepatitis Council (NTAHC)

Freecall: 1800 880 889

Where To Go For Other Services:

Hepatitis and HIV/AIDS

Information and support - see NTAHC

Drug Treatments and Information:

Alcohol and Drug Information Service (ADIS)

For information on drug and alcohol services in the Northern Territory

Darwin: (08) 8922 8399

Alice Springs: (08) 8951 7580

Freecall: 1800 629 683

Alcohol and Other Drug Services Darwin

Information, referral and support, (including an outreach service) offering support and assistance to people who may want to withdraw

from drugs or find out about treatment options that are available

Contact: (08) 8948 0087

Emergency Services:

Ambulance, Police, Fire: 000

Freecall from all mobile phones: 112

Poisons Information Centre: 13 11 26

Legal and Discrimination:

NT Legal Aid Commission (Darwin office)

Offers legal advice and support

Contact: (08) 8999 3000

NT Ombudsman

The Ombudsman is an independent watchdog whose job it is to ensure government agencies fulfil their functions properly without discrimination and improve their services to the public

Contact: (08) 8981 1818

Freecall: 1800 806 380

Indigenous Services:

Aboriginal Health Services Alliance Northern Territory (AMSANT)

Provide health services and support to the indigenous community

Address: Tourism House 43 Mitchell Street Darwin NT

Contact: (08) 8944 6666

Website: www.naccho.org.au/

North Australian Aboriginal Justice Agency

Aboriginal Legal Aid in the Top End

Address: Head Office – Darwin

1 Gardiner Street Darwin NT

Contact: (08) 8982 5100

Freecall: 1800 898 521

Website: www.naaja.org.au

Central Australian Aboriginal Legal Aid Service

CAALAS may be able to provide you with legal aid if you have a legal problem and you are an Aboriginal or Torres Strait Islander living in the Southern Region of the Northern Territory and meet eligibility criteria for assistance

Address: Head Office – Alice Springs

55 Bath Street Alice Springs NT

Contact: (08) 8950 9300

Freecall: 1800 636 079

Website: www.caalas.com.au

Culturally & Linguistically Diverse Communities (CALD):

Multicultural Council of the Northern Territory

Address: Shop 15 Malak Shopping Centre Malak Place Malak NT

Contact: (08) 8945 9122

Website: www.ment.org.au

Sex Worker Groups and Information:

Sex Worker Outreach Project (SWOP)

Darwin office

Address: 46 Woods Street Darwin NT

Contact: (08) 8941 1711

Clinic 34 (Darwin)

Address: 87 Mitchell Street Darwin NT

Contact: (08) 8999 2678

Operating Hours: 8.00am - 4.00pm Monday – Friday

Late clinic on Tuesdays from 4.00pm – 6.00pm

Social Support:

Department of Housing Local Government and Regional Services

Address: Construction House corner of Mitchell and Briggs Streets
DARWIN NT

Contact: (08) 8999 8814

Website: www.territoryhousing.nt.gov.au/public_housing

Centrelink

Contact: 13 10 21

Website: www.centrelink.gov.au

St Vincent de Paul

Provides clothing food vouchers and assistance to people in need

Address: 107 Dick Ward Drive Coconut Grove Darwin NT

Contact: (08) 8948 8100

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Australian Capital Territory (ACT)

Drug User Organisations:

Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)

CAHMA is the ACTs peer based drug user group. CAHMA provides peer support education representation and advocacy. We promote improved health for drug users and reducing harms associated with illicit/ injecting drug use.

Address: Level 1, Sydney Building 112-116 Alinga Street, Canberra City ACT

Contact: (02) 62791670

Fax: (02) 62791610

Email: cahma@aivl.org.au

Operating Hours: 10.00am - 5.00pm Monday - Thursday

The Connection

A peer based service for indigenous drug users, co-located with CAHMA

Contact: (02) 6279 1671

Operating Hours: 10.00am - 4.00pm Monday - Friday

Where To Go For Equipment:

(Fits, swabs, sterile water, disposal bins, condoms, dams etc)

Alcohol and Drug Information Service - ACT (ADIS)

24 hour confidential phone information service, including locations of NSP services in Canberra.

Contact: (02) 6207 9977

Directions ACT

Location: City Health Centre, corner of Moore and Alinga Streets, Canberra City

Contact: (02) 6247 5230

Operating Hours: 9.00am - 5.00pm Monday - Friday

Disposal Hotlines:

Sharps Hotline

Contact: 13 22 81

Where To Go For Other Services:

Hepatitis:

See CAHMA

Hepatitis Resource Centre

Information and education for the general community on hepatitis related issues.

Address: Level 2 Suite 8 18 Corrinna Street Woden ACT

Freecall: 1300 301 383

Website: www.hepatitisresourcecentre.com.au

HIV/AIDS:

See CAHMA

AIDS Action Council of the ACT (AACACT)

Provides HIV/AIDs information, education and support

Address: Westlund House 16 Gordon Street Acton ACT

Contact: (02) 6257 2855

Website: www.aidsaction.org.au

Drug Treatments and Information:

Alcohol and Drug Information Service - ACT (ADIS)

A 24 hour phone service providing information on drug and alcohol related services in Canberra

Contact: (02) 6207 9977

Alcohol and Drug Program

Provides alcohol and drug information services to the ACT community

Hospital unit includes ACT Methadone Program

Contact: (02) 6244 2191

Community unit offers counselling and information

Contact: (02) 6205 1323

Detox

Contact: (02) 6244 2681

24-hour helpline

Contact: (02) 6205 4545

Emergency Services:

Ambulance, Police, Fire: 000

Freecall from all mobile phones: 112

Poisons Information Centre: 13 11 26

Legal and Discrimination:

Legal Aid

Provides legal advice and information to the ACT community

Contact: (02) 6243 3411

After hours: 0419 440 084

Website: www.ozemail.com.au/legalaid/index.html

ACT Ombudsman

The Ombudsman will consider and investigate complaints about ACT Government agencies and the AFP in its ACT Policing role.

Contact: 1300362 072

Address: Ground Floor 1 Farrell Place Canberra

Website: www.ombudsman.act.gov.au/act/publish.nsf/Content/home

Indigenous Services :

Winnunga Nimmityjah Aboriginal Health Service

Winnunga provides a primary health service and other health related support to the local indigenous community.

Address: 63 Boolimba Crescent Narrabundah ACT

Contact: (02) 6284 6222

Website: www.winnunga.org.au

Aboriginal Legal Service (NSW/ACT)

The Aboriginal Legal Service provides free legal advice and referral to Aboriginals and Torres Strait Islanders.

Address: Canberra Office 7–9 Moore Street Canberra ACT

Contact: (02) 6249 8488

Culturally & Linguistically Diverse Communities (CALD):

Interpreting Services

Contact: 131 450

Citizens Advice Bureau

Contact: (02) 6257 1687

Sex Worker Groups and Information:

Sex Worker Outreach Project ACT (SWOP)

Provides information, advocacy, condoms, etc, for workers in the sex industry

Address: Westlund House 16 Gordon Street Acton ACT

Contact: (02) 6247 3443

Website: www.aidsaction.org.au/swop

Sexual Health & Family Planning

Sexual Health Clinic provides advice and support on reproductive health

Address: 1/28 University Avenue Canberra ACT

Contact: (02) 6247 3077

Website: www.shfpact.org.au

Social Services:

Housing ACT

Contact: (02) 6207 1500

Centrelink

Contact: 13 10 21

Website: www.centrelink.gov.au

St Vincent De Paul

Provides clothing food vouchers and assistance to people in need

Address: 17-19 Colbee Court Phillip ACT

Contact: (02) 6282 2722

