NSPs are often one of the only interactions drug injectors have with health services. They have the potential to be pathways to other social services, such as housing, legal advice and drug treatment. This edition of the Bulletin speaks with NSPs to find out how they go about building trust with clients.

Booming iron ore mining around Port Hedland in the Pilbara region is a magnet for thousands of hard working high earners who fly in from right across Australia. Port and South Hedland are almost 1800km north of Perth, and the closest towns are Broome which is 600km north and Karatha which is about 230km south. The number of ships transitioning through Port Hedland has increased from 888 in 2006 to 1214 in 2009. The vast bulk of the ships have come from either China, Singapore, Indonesia or Thailand – all important drug transit nations.

Janet Brown manages the Well Women’s Centre in South Hedland, which is 16 kilometres from the Port. The Centre runs an NSP, which Ms Brown says increasingly caters to workers within the mining industry.

“It’s a very transient town. People come up here with a bit of baggage sometimes. To work, to make millions, to hide. … it’s a very interesting mix,” said Ms Brown. “People work long hours, they earn a lot of money, and there’s not a lot to do. Speed is the ideal drug.”

According to the Officer in Charge at South Hedland police station, Snr Sgt Peter Pope, “anecdotally, amphetamines are within the community. I don’t believe there’s a huge amount of heroin around. The main drug of choice up this way appears to be cannabis, which is brought in because it’s generally not grown up this way due to the lack of water.”

“Ganja stays in the system longer, but people can use speed on their days off and it can be out of their system before they return,” said Ms Brown.

“We certainly know that there are unfamiliar clients, so obviously they are working up this way – they come into the NSP in their work clothes, obviously just off shift,” she said.

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“We certainly know that there are unfamiliar clients, so obviously they are working up this way – they come into the NSP in their work clothes, obviously just off shift,” she said.

“People are working 12 hour shifts in 44 degree heat in the middle of nowhere. When you take people away from social supports and social constraints, they behave differently as well. 2008/2009 was the first time we had a drop in our NSP stats. That probably directly relates to the downturn in the economy. In October 2008 our stats started going down and didn’t come up until April 2009. It coincided with the conclusion of some large mining contracts coming to an

end at the time, and the economy started to go downwards. It [NSP throughput] really matched the stock-market and the economic situation overall,” Ms Brown said.

The NSP was integrated in the Women’s Centre. “Most of our clients are still very locally based. 69 per cent of clients in 2008/2009 were male, and 53 per cent of the total number of clients were Indigenous. We have an ability to attract very marginalised Aboriginal males who are always comfortable coming in here.”

Between July 1 2009 and March 31st 1st year, the service had received 7112 client visits and distributed 10,665 fit-packs.

Having the NSP in the centre of the health service meant clients quickly get to know all Centre staff and soon become comfortable attending the service. Ms Brown suggests that because the Centre is a busy women’s health service, NSP clients tend to flow through the service often without even being noticed.

“NSPs are usually stuck round the back of places and it was interesting at the Anex conference, [where] I heard comments about children, you know children go there [to health services] so you can’t have NSP,” Ms Brown said.

However, Ms Brown asserts that all of the Centre’s clients are comfortable with the position of the NSP, with NSP clients often coming in and picking up equipment when mothers’ groups or other events are running without any disruption.

“One comment I get is how nice and how pleasant they are [clients] and I always say, touch wood, in 10 years we have had a few that warmed up but we have never… [had] a problem”. Ms Brown claims that on days when there are a lot of NSP clients, Centre staff know that a new delivery of drugs has come into town.

“We know when there has been a delivery in town when there are a lot of clients coming in the next day.”

Continued on page 7...
Mephedrone/Miaow Miaow

Mephedrone, also known as miaow miaow, plant food or re-cat, is a synthetic analogue of cathinone, which is commonly found in the leaves of the plant Catha edulis, better known as Kratom. Its users are commonly found in many parts of the world including Europe, South Africa, Europe, the UK, Ireland and Australia. Mephedrone use has been reported in countries such as Finland, Sweden, the UK, Ireland and Australia. Mephedrone is often referred to as ‘heroin’ legally because it is legally sold in many countries such as Belgium and Holland. However, it is illegal in Australia.

The majority of mephedrone is manufactured in China and sold for between $44.00 and $71.00 per gram. It is then sold overseas, for $83.00–92.00 per gram.

Mephedrone is traditionally known to be a very popular and it has been ranked the fourth most used drug other than cannabis, ecstasy and cocaine. Mephedrone contains mephedrone and is perceived as part of the same drug group as its sympathetic effects to amphetamine-like stimulants, i.e. euphoria, increased heart rate, increased sex drive, pupil dilation and excessive sweating. The increased popularity of mephedrone use, particularly in Europe has been attributed to successful crackdowns and decreased supply of other drugs such as cocaine and ecstasy.

Mephedrone has received significant media attention recently following a number of deaths in the UK reported linked to mephedrone use. According to British media, mephedrone has been linked to 27 deaths. As a result, the British Government recently announced that the drug has been banned and could be sold in the same category as amphetamine and ecstasy.

However, according to the WHO, mephedrone has been implicated in at least 27 deaths in the UK, it has been confirmed present in 11 of these cases and at the time of writing found to be a contributing factor in just one.

Source: WHO

New Scientist 29 March 2010- “Miaow miaow: Is it truth or hyperbole?”


New Ann 2010- Drug: Mephedrone banned after years of use


Preventing Transition to injecting amongst young people: What is the role of Needle and Syringe Programs?

A recent paper published in the International Journal of Drug Policy looked at the possible role of NSPs could play in preventing people transitioning to injecting drug use.

Preventing people from transitioning to injecting has been shown to be more cost-effective than attempting to influence people to stop injecting. In addition to health problems, there is concern over associated risky sexual activity, loss of identity and self-esteem, as well as increased likelihood of mental health issues.

Robert Power from the Burnet Institute who co-authored the paper said, “what is clear is that risk factors for drug use are not only related to drug use themselves, but also related to personal issues. The people who work here are very non-judgemental and I think that is a really important component of being here, if it ain't broke don't fix it!”

Ms Reardon answered emphatically: “God no! After 8 years of being here, if it ain’t broke don’t fix it!”

The Centre provides two types of services for CNP clients

The Centre provides two types of services for CNP clients

1. “Always being available when she did pop in to get clean was so important to her. She had nothing at home, nowhere to go...”

2. “In the quiet of Night where clients are referred to another appropriate service and the staff to have something to do by talking with CNP clients.”

Gentle approach to new clients

Other CNP staff will visit CNP clients and talk about health information, such as people displayed on the computer that before approaching them Ms Reardon follows these are perfect engagement times, particularly when new CNP clients appear nervous or uncomfortable.

“They might of them a little bit of copy until they get to know you, especially it’s a little bit ofewire and interview service.” Ms Reardon said.

“The CNP clients moving through their known for many years, how about their grandchildren. They are going to stay alive. If you get involved with them they are going to be knowing that I have had nothing but pleasure from dealing with the CNP clients over the year.”

Ms Reardon explained “CNP clients who use the service overnight, Ms Reardon suggests ‘It’s got to do with the fact that our volunteers and the whole CNP client constituance of Centre means that clients actively seek them out. She’s got a really comfortable chair and it’s an environment that they feel safe and secure and are able to confide in the CNP clients.”

On-site care

On-site services are provided in CNP clients who fall outside of the Centre's 24-7 hours.

Ms Reardon explains “On-site services to clients who use the service overnight and want support/information regarding an issue or withdrawal is available from 8 am to 10 pm. The outreach team will contact the CNP client the next day and assist with service referral and advocate into an appropriate service. The outreach team follows-up with the CNP client to check in and ensure they have received any needed information and referral.

The outreach team continues to be a role in the treatment where clients are referred to another service and reductions in harm can occur by linking them up to these services and those services do continue to support the CNP client.”

Case study

Ms Reardon then goes on to speak about a case study of a client who had accessed the Centre’s 24-7 hours and was referred to another service. Ms Reardon then gives a case study about a client who was referred to another service. Ms Reardon then follows up with the Centre’s 12-24 aged youth outreach service that is another case study. Ms Reardon then follows up with a case study about a client who was referred to another service.

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The Bendigo Community Health Service’s mobile outreach team plays the vital role of providing after hours access to clean equipment and health information. The number of needles and syringes distributed through the health service increased from 3,750 to 5,500, a 45.5% per cent increase in the overall Lodgers campaign, and this trend continued into 2020 with an increase among Victoria’s eight governmental regions.

One possible explanation for the increase is a shift in the regional and local drug market. According to AGO Therapeut and Support Programs Manager, Shaun Rosa, there are

features, but we may also be using them to see whether people are re-engaged in the system and stay safe. The team is there to provide support, information, and assistance to those in need. According to Rosa, the outreach team is committed to providing a respectful, non-judgmental environment where people can feel comfortable engaging in discussions about their experiences with drug use and its consequences.

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The most significant theme to emerge from the clinical consultations to date was IDUs perceptions of being heavily stigmatised and discriminated against by health care service providers in the community.

“Other themes to constantly emerge from consultations included various issues, such as bacterial infections and heroin injections, hepatitis C and mental health issues as anxiety and depression.”

“Findings from the consumer survey indicated that all service users had comforted discussing with the GP of six or seven common to tell them that they can openly discuss IV issues without compromising other medication, and that is...”

A preliminary evaluation has found that it is addressing an expansion in the NSP outlets to address consumer concerns that many more consumers were interested in accessing each consultation and referring consumers to appropriate health care providers in the community, where treatment, referrals and increased capacity for individuals to increasing access to quality primary care for IDUs, improved care, blood borne viruses and testing and refers consumers to AOD services. Funding was obtained from the Community Support

The Tasmanian IDU community has a long-established culture of using drugs has had adverse health implications for many IDUs such as vein care issues, such as bacterial infections and femoral infections.

Ms Brown believes that the Well Women’s Centre provides a welcoming environment for clients, “when they want help, when they are ready for anything, it’s there.”

“One of the biggest challenges for the Centre is that people are often not ready to receive help until a really bad day has occurred.”

The Well Women’s Centre’s enhanced secondary NSP model also recognises that a number of interrelated factors such as unemployment, poor skills, low income, poor housing, basic health knowledge and criminalisation of drug use has a negative impact on a person’s ability to leading a healthy life and becomes a barrier. Ms Brown suggests that most clients come into the service pretty unwell for many years as a result of their drug use. Ms Brown has been a long term opioid user and has been unemployed for many years as a result of her drug use.

The online survey also found that 90 per cent of the 1008 respondents said they would be more likely to use drug services if they were delivered directly by GP rather than other people would be more likely to use. Queensland respondents were more likely (only 48 per cent) to say they had heard about or tried drug services compared with the other States. Respondents from non-metro areas were more likely to have heard about or tried drug services than those from metro areas (59 per cent compared with metro area (39 per cent).”

The Well Women’s Centre has no specific policies for new NSP clients feel relaxed and comfortable at the Centre. Ms Brown suggests that most clients come into the service pretty unwell for many years as a result of their drug use. Ms Brown has been a long term opioid user and has been unemployed for many years as a result of her drug use. Ms Brown has been a long term opioid user and has been unemployed for many years as a result of her drug use.

New Clients

When new clients come into the Centre they are given a full information sheet that also provides background information on the services offered at the Centre and alternative places where they can go for help. The aim is to adopt a consultative approach, letting clients know what is available and encouraging them to see what they need and generally ensuring they feel comfortable. Usually all a couple of visits starts about clients’ injecting for distribution in NSP outlets.

“People will come in here in crisis, we certainly have had our fair share of NSP crisis’s over the years...”

Kristy Drysdale.

Mr Brown and other staff members have supported law enforcement over the years to one particular incident Mr Brown notes taking her to “the hospital where she was diagnosed with tuberculosis. The Centre became a place Lisa could come to when she was unwell. Ms Brown suggests that most clients come into the service pretty unwell for many years as a result of their drug use. Ms Brown has been a long term opioid user and has been unemployed for many years as a result of her drug use. Ms Brown has been a long term opioid user and has been unemployed for many years as a result of her drug use. Ms Brown has been a long term opioid user and has been unemployed for many years as a result of her drug use.

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KICK GOALS FOR HARM REDUCTION AT THE MELBOURNE CRICKET GROUND, OCTOBER 25-26
Join your peers and other experts at the MCG to help set new priorities to expand efforts to address the health and social implications of drugs at the individual and community level.

UP FOR DISCUSSION
• Tips and points: ask and advise other frontline workers how to improve services.
• Smarter data: improve and standardise stats and analysis.
• Health reform: what national health reform means for your service?
• Behaviour change communication: crafting strategies for unique sub-populations.
• Feminisation of risks: prison, higher sharing rates and child-protection threats.
• Overcoming barriers to NSPs: how to deal with opposition when starting or expanding programs.
• Pain and pills: Doctors’ prescriptions leading to addiction.
• Stepford wives: Range rovers, private schools and their secret drug worlds.
• How it is done in the bush: Special challenges facing rural and regional workers.
• Alcohol: influence on illicit drug risks, binge drinking worsening.
• BBVs: what’s happening with hepatitis prevention and treatment?

For further information or to register go to www.australiandrugsconference.org.au

GENERATION X WONDERS WHY SUB-CULTURAL RULES ABOUT INJECTING ARE SHIFTING

The Bulletin again speaks with an experienced and articulate injector. We discussed if there are any inter-generational differences between younger and older injectors.

What differences are you noticing about the ‘dos and don’ts’ of drug use?

“Older people are more set in their ways, the younger generation now with their use it’s more freely ongoing, more open about it. Older people are still willing to hide things, keep it under wraps. Because we are more used to it (being less open).

“Back in our day, even in the 1980s anything - sniffing or injecting - was ‘hard usage’. Now it’s more outgoing. Look at the newspapers, that footballer dude. He’s been charged with trafficking cocaine. I mean, ok, it’s me - ‘how much more money do you want?’ That’s the way I take it. I mean, haven’t you got enough money and pride in yourself that you go and do something stupid like that?

“Here, it’s still a very underground drug. People sorta shy on that, but all these other party drugs - everybody’s into ‘em. Even speed. In the early days people didn’t like speedies, but now people are more accepting on that, like the ice when that first come out. I knew heroin addicts for 10 years and they would go and have that now and again because they couldn’t get it. It was just that dry, but they would go and use that. They never liked f@*#ing speed or ice, but they thought ‘it’s just that feeling, that rush’. That’s all it ever comes down to for most people – it’s what it does for you, the more s@*t you get into trouble. Especially in them days, but they know now what it can do to your system, especially with drinking.”

“So, in the younger lads do the older ones stuff with stuff?

“It’s more to do with the heroin. I’ve noticed a few blokes do that, take the younger ones under their wings and sort of give them some information on what it can do to you. Like sharing and hep C - that’s a big one. A lot of people weren’t really into hep C back in them days, but they know now what it can do to your system, especially with drinking.”

“Yeah, I’d say back in the earlier days you’d show some blokes and then later you’d say ‘you owe me a taste’. In a way it’s bloody ridiculous because the older you get the smarter you get and think ‘f@*#k I wish I didn’t show that person that’.

“Older people are more hidden about things, more worried about it still. Young kids go to raves and it’s just open. Like you go to a rave and you’re the only one drinkin’ alcohol and everyone looks at you like ‘f@*#king, why aren’t you on something?’ Like that really spins me out. Back in my day it would be totally different. If you were the only one drinking water they’d all be looking at you and think ‘what the f@*#k are you on?’

“Yeah, generation gaps keep getting more different and different. I still think heroin’s a more shone on drug, you know because people still think heroin addicts will do it just about anything to get it, which certain people will in the beginning you know, but other people know how to better support their habits in rorts, stuff like that. You know, they know certain ways of getting money and f@*#k it – it’s like in the past – saying with the young guys - you wouldn’t hand your dealer over to ‘em because they would always have to keep going through you.”

“So you’d say ‘alright you want a half, I want a taste out of that’. So you could sit there half an hour and not even have to score because people are rugging you up always wanting your dealer so that’s why you wouldn’t hand them (a dealer) over to them you know, you’re always getting a free taste for nothing. But these days it’s just so easy access, it’s like in the streets and stuff.”

Are there any crimes or riots that are considered as ‘you don’t go there’?

“Yeah, I’d say robbing girls handbags stuff like that. That’s really pulled up now. People shine on stuff like that – stealing you know, f@*#ing speed or ice, but they thought ‘It is just that feeling, that rush’. That’s all it ever comes down to for most people – it’s what it does for you, the more s@*t you get into trouble. Especially in them days, but they know now what it can do to your system, especially with drinking.”

“Older people are more set in their ways, the younger generation now with their use it’s more freely ongoing, more open about it. Older people are still willing to hide things, keep it under wraps. Because we are more used to it (being less open).”

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