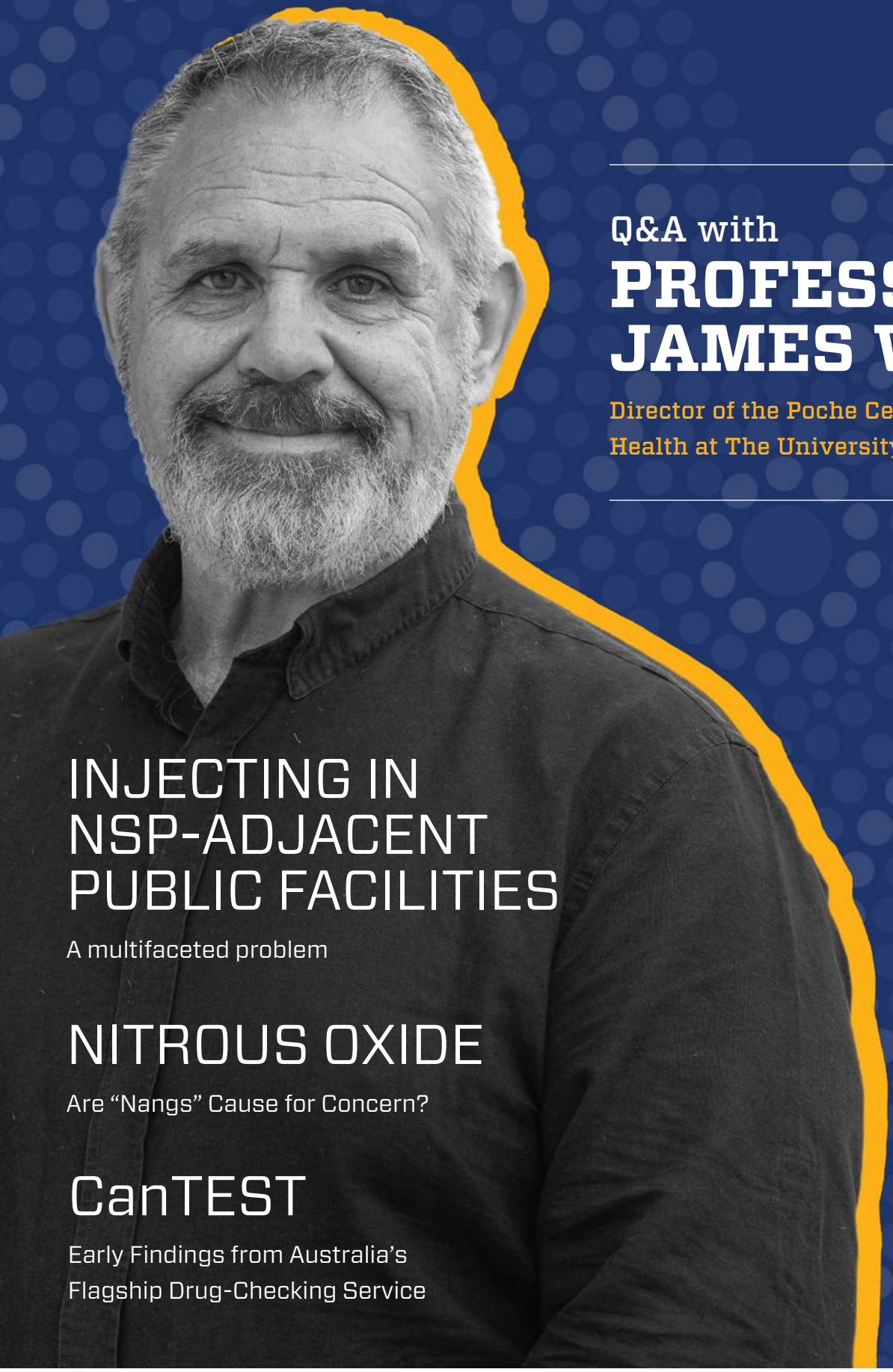
THE BULLETIN



Q&A with PROFESSOR JAMES WARD

Director of the Poche Centre for Indigenous Health at The University of Queensland

INJECTING IN NSP-ADJACENT PUBLIC FACILITIES

A multifaceted problem

NITROUS OXIDE

Are “Nangs” Cause for Concern?

CanTEST

Early Findings from Australia’s Flagship Drug-Checking Service

PENINGTON INSTITUTE

VOLUME 19 **EDITION 4**

A MESSAGE FROM THE CEO

A handful of high-profile events and campaigns held throughout September have brought increased attention to drug-related issues, making the past month one of this year's high points for public awareness and debate. On August 31, International Overdose Awareness Day (IOAD) saw hundreds of events held around the world. Organisers took the overdose crisis to television screens, public spaces, homes, and workplaces where the subject might never otherwise have been broached.

Less than two weeks later, Canberra played host to the Rethink Addiction conference. Over two days, speakers representing a wide array of experiences and interests took to the stage to compare viewpoints, confront difficult topics, and try to navigate a way forward in how we deal with drugs.It was encouraging to see priority given to people with lived and living experience, whose testimony was consistently illuminating and often moving. Trauma, particularly intergenerational trauma, was a prominent and recurrent theme.

If asked for some indication that the conference had achieved its goal, I might point to the moments when panelists were visibly thrown by an unexpected turn in the conversation. Those moments suggest to me that the 'rethink' of the title was not a directive made only to those usually considered 'the other side,' but an invitation to all attendees, especially those who might think their position is beyond reproach.

Harm reduction, once a dirty word in some policy circles, is now being embraced by governments who were previously opposed to the concept. This shift is especially notable in the US, home of the drug war.

Unfortunately, some continue to falsely frame harm reduction and recovery as two opposing and mutually exclusive approaches. In fact, they can and do co-exist, with people routinely employing harm reduction measures to achieve stability while navigating their own version of recovery. To these people, the distinction between the two camps is of little consequence. What matters to them – and what should matter to us – is what will best help them to make any positive change.

John Ryan
CEO Penington Institute

Penington Institute connects lived experience and research to improve the management of drugs through community engagement and knowledge sharing. A not-for-profit organisation, our focus is supporting cost-effective approaches that maximise community health and safety in relation to drugs including pharmaceuticals and alcohol.

PENINGTON INSTITUTE

www.penington.org.au

INJECTING IN NSP-ADJACENT PUBLIC FACILITIES: A MULTIFACETED PROBLEM

How do NSPs respond to injecting drug use in public spaces for which they are responsible in a way that values and respects the needs of clients and local community members, and also protects the service itself?

The frontline workers who staff Australia's needle and syringe access points are tasked not just with the provision of sterile injecting equipment, but with the maintenance of a harmonious environment for NSP clients, colleagues, and anyone else who frequents the community health centres and hospitals where the NSPs are often located.

One challenge faced by NSP staff is deciding how to manage the issue of clients using onsite or nearby facilities – including bathrooms, lobbies and carparks – to inject drugs.

This practice can complicate the delicate task of maintaining good community relations while prioritising their fundamental harm reduction mission. How do NSPs respond to injecting drug use in public spaces for which they are responsible in a way that respects the needs of clients and local community members and also protects the service itself?

Marianne Jauncey of the Uniting Medically Supervised Injecting Centre in Sydney identifies some of the core issues: "We've been handing out clean needles for decades – we now hand out millions a year in this state alone – so we are getting that side of things right. But we are putting people in an impossible situation, saying 'Here are the needles, but there is only one place in this whole state (and none in most) where you are legally allowed to use them.' People inevitably inject in nearby facilities."

"WHEN YOU'VE HAD TO KNOCK DOWN THE DOOR OF A LOCKED PUBLIC TOILET STALL TO FIND SOMEONE BLUE AND NOT BREATHING, IT'S TOUGH TO ENDORSE THE USE OF THESE FACILITIES FOR INJECTION. IT'S PRECISELY THE PRIVACY THAT MAKES OVERDOSE SUCH A RISK."

Dr Marianne Jauncey

"IF THERE ARE ENOUGH COMPLAINTS FROM THE PUBLIC, THE SERVICE COULD BE PUT AT RISK OF BEING SHUT DOWN"

Mary Harrod

Yet, Marianne points out, "NSP workers have a responsibility to take public concerns about encountering injecting behaviour into account."

Indeed, the stakes are high. According to Mary Harrod, CEO at the NSW Users and AIDS Association (NUAA), "if there are enough complaints from the public about 'endorsing drug use on community centre sites', the service could be put at risk of being shut down."

Are there any practical solutions available to NSP workers to meet this challenge? Some relatively straightforward responses are viable right now. One NSP found that clients were regularly consuming their drugs in a laneway behind the building. This resulted in repeated complaints from local residents, and there were even instances of neighbours filming or taking photos of people in the act of injecting. This can lead to stigmatising media coverage that demonises NSPs and their clients.

The NSP's response was to conduct frequent clean-ups to ensure the laneway was free from discarded injecting equipment and other detritus. They also attempted to dissuade clients from injecting in view of the public, putting up signs to alert them to the fact that they were being watched.

However, other solutions, such as more actively monitoring bathroom access, conflict with the core imperative of harm reduction for clients, including both safety and privacy. One strategy for balance suggested by some frontline workers is to focus on protecting clients' health, which could result in fewer high-visibility outcomes such as overdoses and publicly discarded needles. To this end, Marianne notes that there are sensors that detect the cessation of motion and send an alert to staff or paramedics. "Sensors would be expensive to implement", she acknowledges, "but a cheaper option is simply to cut the bottoms of the stall doors. At least that way people have access to the toilet if they need to revive someone."

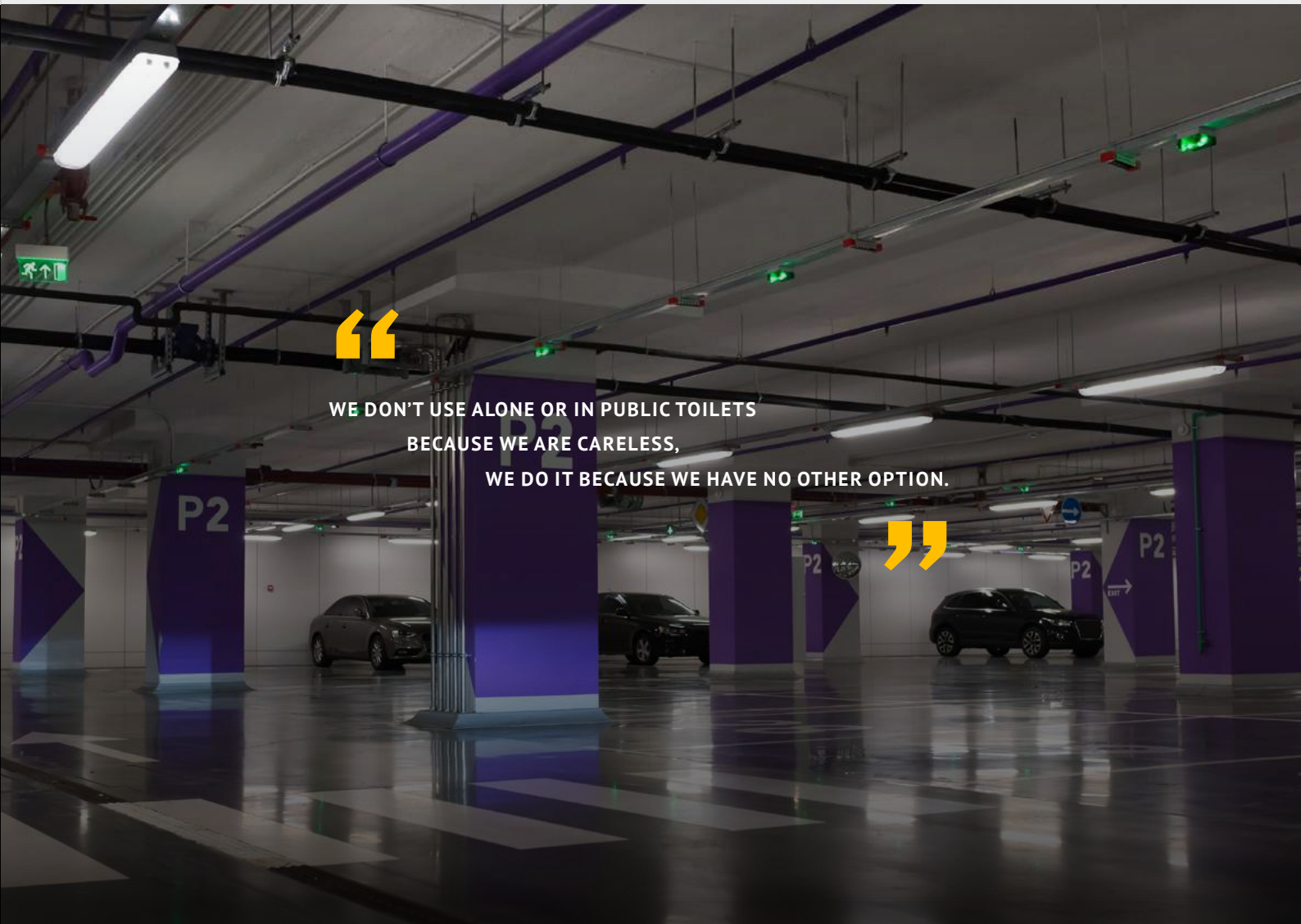
Unfortunately, these solutions are tricky to implement. "As it stands," says Marianne, "NSP workers are in a bind; legally, they are not allowed to endorse injection on their sites, as the law still forbids the use of injecting equipment to self-administer any quantity of an illicit substance."

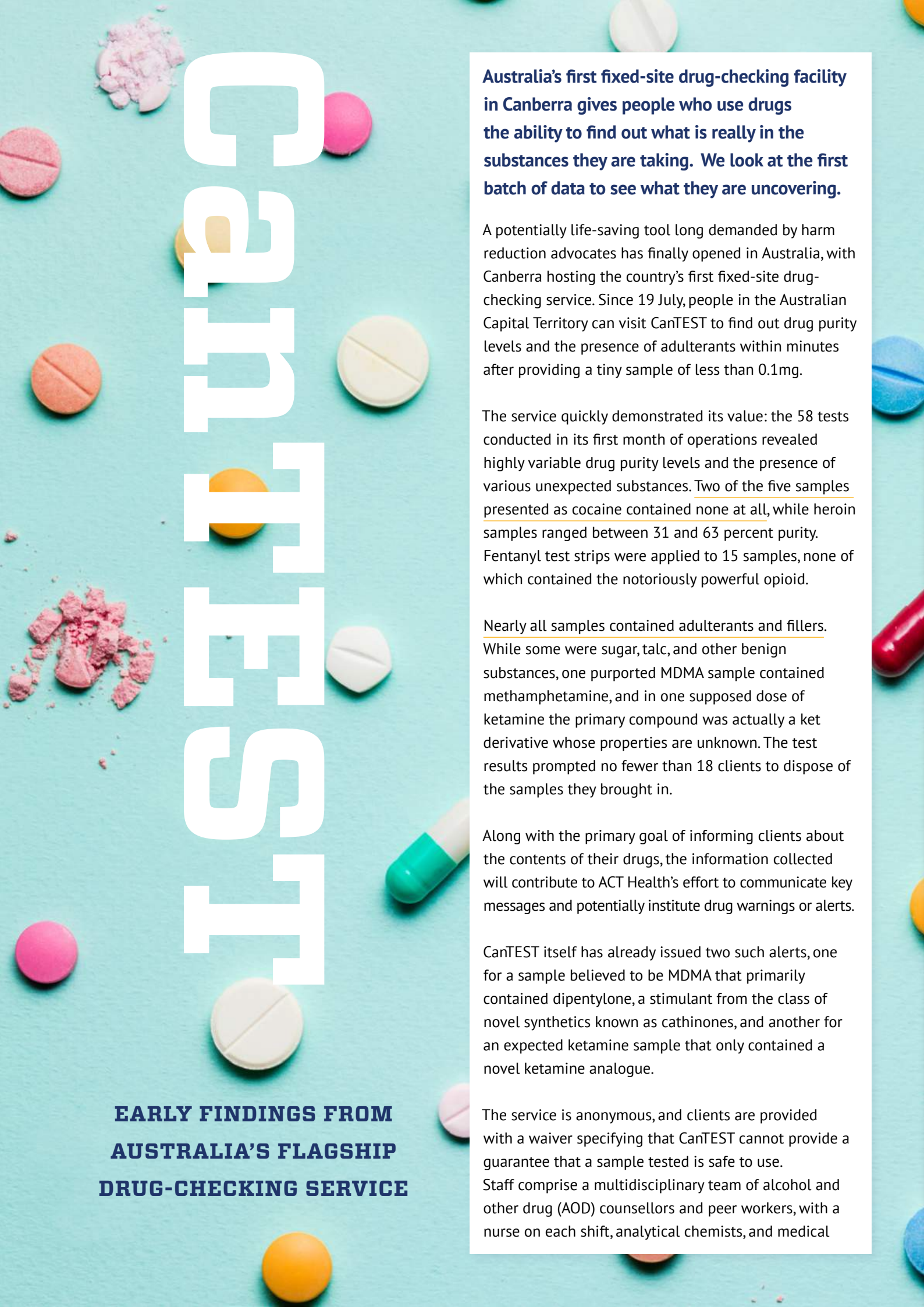
Even if the law were changed, Marianne doesn't believe that NSP workers should consider turning bathrooms into de facto safe injecting sites. "When you've had to knock down the door of a locked public toilet stall to find someone blue and not breathing, it's tough to endorse the use of these facilities for injection. It's precisely the privacy that makes overdose such a risk." Marianne strongly emphasises the 'never use alone' harm-reduction message.

Beth*, a person who injects drugs from Brisbane, disagrees. "This is a form of doublespeak. You can't tell people 'Don't use in toilets because it's not safe to use alone!' but then also tell them not to use in public view. Where do we go? We would love to be able to 'never use alone'. We don't use alone or in public toilets because we are careless, we do it because we have no other option."

Achieving a balance between reputational risk and clients' needs and rights is an enduring challenge for NSPs, and the underlying issue – a lack of sufficient safe spaces for clients to inject drugs – remains. In the meantime, keeping nearby areas clean minimises the visible impact of drug use in and around NSPs, and could be implemented more widely as a means of reducing tensions between clients and residents, and to disarm media critics looking for easy ammunition.

Note: not her real name.





CanTEST

EARLY FINDINGS FROM AUSTRALIA'S FLAGSHIP DRUG-CHECKING SERVICE

Australia's first fixed-site drug-checking facility in Canberra gives people who use drugs the ability to find out what is really in the substances they are taking. We look at the first batch of data to see what they are uncovering.

A potentially life-saving tool long demanded by harm reduction advocates has finally opened in Australia, with Canberra hosting the country's first fixed-site drug-checking service. Since 19 July, people in the Australian Capital Territory can visit CanTEST to find out drug purity levels and the presence of adulterants within minutes after providing a tiny sample of less than 0.1mg.

The service quickly demonstrated its value: the 58 tests conducted in its first month of operations revealed highly variable drug purity levels and the presence of various unexpected substances. Two of the five samples presented as cocaine contained none at all, while heroin samples ranged between 31 and 63 percent purity. Fentanyl test strips were applied to 15 samples, none of which contained the notoriously powerful opioid.

Nearly all samples contained adulterants and fillers. While some were sugar, talc, and other benign substances, one purported MDMA sample contained methamphetamine, and in one supposed dose of ketamine the primary compound was actually a ket derivative whose properties are unknown. The test results prompted no fewer than 18 clients to dispose of the samples they brought in.

Along with the primary goal of informing clients about the contents of their drugs, the information collected will contribute to ACT Health's effort to communicate key messages and potentially institute drug warnings or alerts.

CanTEST itself has already issued two such alerts, one for a sample believed to be MDMA that primarily contained dipentylone, a stimulant from the class of novel synthetics known as cathinones, and another for an expected ketamine sample that only contained a novel ketamine analogue.

The service is anonymous, and clients are provided with a waiver specifying that CanTEST cannot provide a guarantee that a sample tested is safe to use.
Staff comprise a multidisciplinary team of alcohol and other drug (AOD) counsellors and peer workers, with a nurse on each shift, analytical chemists, and medical

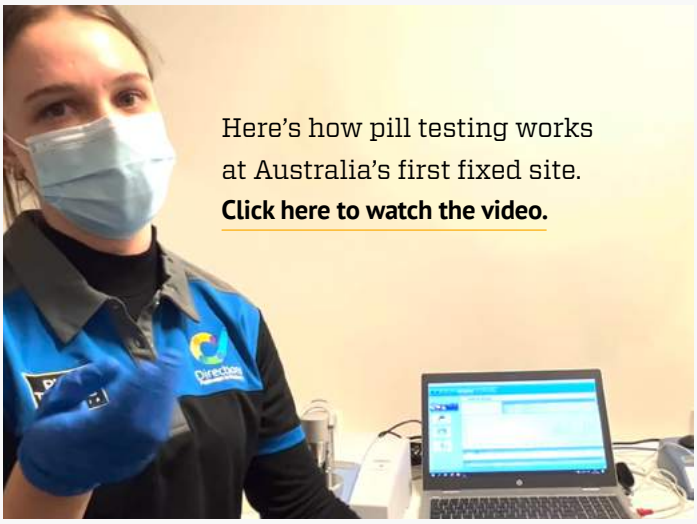
professionals available on-call for consultation. In addition to drug checking, clients have the opportunity to receive health and harm reduction information, screening for hepatitis C and sexually transmitted infections, and naloxone nasal spray.

CanTEST is a 6-month pilot funded by the ACT Government, delivered in partnership with lead agency Directions Health Services, the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) and Harm Reduction Australia's Pill Testing Australia.
Pill Testing Australia first delivered drug checking services at the Groov'n the Moo festival in 2018 and again in 2019. The 2019 effort was independently evaluated by an Australian National University (ANU) research team, paving the way for the CanTEST pilot, which is also being evaluated by ANU.

During its pilot phase, which runs until late January 2023, CanTEST's operating hours are limited to Thursdays from 10 am-1 pm and Fridays from 6-9 pm. The service is located in the City Community Health Centre at 1 Moore St in Canberra. ■

CanTEST CHEMICAL TESTING METHODS

CanTEST uses three types of chemical methods in its drug-checking service:



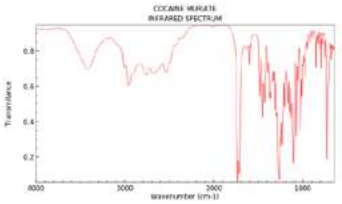
Here's how pill testing works at Australia's first fixed site.
Click here to watch the video.

ULTRA-PERFORMANCE LIQUID CHROMATO-GRAPHY (UPLC)

is the method that can provide the most detailed information about purity. At CanTEST, it targets ten commonly used substances, including MDMA, amphetamine/methamphetamine, heroin, ketamine, and cocaine.

FENTANYL TEST STRIPS (FTS)

offer a simple, highly effective way to determine the presence of fentanyl in a drug sample. FTS are available from a few health and community services across Australia and can also be purchased online.



FOURIER TRANSFORM INFRARED (FTIR)

is the method most commonly used at music festivals. It uses a sample's infrared spectrum to determine its chemical structure and compare it to a database of more than 10,000 chemicals, in a manner similar to fingerprint analysis. FTIR can detect the presence of multiple drugs, as long as each makes up at least 5 per cent of the sample's composition.

Jennie Ross-King explains how a drug-checking service could have helped avoid the overdose that claimed her daughter's life.
Click here to watch the video.

PROFESSOR JAMES WARD

Q&A

Professor James Ward is Director of the Poche Centre for Indigenous Health at The University of Queensland. An infectious diseases epidemiologist and a national leader in Aboriginal and Torres Strait Islander research, he spoke with The Bulletin about both successes and enduring challenges related to harm reduction efforts in Aboriginal communities.

So James, how did you end up where you are now?

Firstly, I'm a Pitjantjatjara-Nukunu man from Central and South Australia. I started my career in health in remote Central Australia and have worked in various organisations in the Aboriginal community-controlled sector, government, and back again in the community-controlled sector.

I studied for a bit in those early years and stumbled across research and thought, 'Oh that's pretty interesting,' and have been in research now for 16 years. I realised research is very different to rolling out government policy, or being in an NGO where you're rolling out government policy, and I like that you can set questions, work with communities to answer those questions, rigorously evaluate the impact of that work and then put it out to the world for others to learn from.

And what is the Poche Centre?

I work as the director of the University of Queensland Poche Centre for Indigenous Health, which benefitted from Mr Greg Poche and Mrs Kay van Norton Poche, who donated $10 million to UQ to drive a research program aimed at improving urban Indigenous people's health in South East Queensland. We've since broadened our remit to improve health outcomes nationally and to focus on building the next generation of Aboriginal and Torres Strait Islander researchers.

And I think I met you when you were working in Sydney, in a BBV role?

Yes, I think that was around 2003, when I was Public Health Program Coordinator at the Aboriginal Health and Medical Research Council of NSW, which was the peak for organisations in Aboriginal community-controlled health services in New South Wales. It was the heroin phase, there were increasing rates of hepatitis C and HIV, and there was definitely a need for harm reduction and harm minimisation programs in the community and in the community-controlled health sector.

One of my jobs then was really to start the conversation with community-controlled health services about what they might do to prevent blood-borne viruses among people who were injecting drugs. We got some dedicated funding from New South Wales Health to try and enable needle syringe programs in primary health care services, and it was a very tricky conversation to have around that time – really a first-off conversation around those issues.

Can you talk a bit about that? In the health system there have been tensions around both Aboriginal-controlled health organisations' willingness to do harm reduction and people who inject drugs' willingness to attend those services because of various issues, including confidentiality – can you unpack that a little bit for us, circa 2022?

We know that there are not enough needles dispensed among populations who are injecting drugs, and I think that holds particularly true for populations like Aboriginal and Torres Strait Islander people who have intersectionalities of stigma and [non-]access to health care.

We should increase all of our efforts to make sterile equipment accessible to this population while we still have

increasing rates of hepatitis C in the population. In my view, there can't be too many points of access – and they need to be in places where Aboriginal and Torres Strait Islander people feel comfortable accessing them.

Whether they are at an Aboriginal community-controlled health service or mainstream NSP program or a vending machine, it doesn't really matter as long as people feel like they have access points 24/7, without judgement and without being under the spotlight from police or whatever.

Has the prioritisation of harm reduction in the Aboriginal community-controlled health sector changed significantly over 20 years? My recollection from years ago was it wasn't top of the priority list – has that changed?

Look, the fact that we've got much higher hepatitis C incidence in this population is evidence that there's still need for improvement, and it clearly says that what we have available to us now is not enough. And if that means that mainstream NSP services are not enough on their own, then we absolutely need to engage more Aboriginal community-controlled health services in this space.

In terms of change of mindset, things have changed dramatically from the early days; has that translated to harm reduction in those services? There's probably not a great deal of difference, and it's related to the same issues – we're dealing with very sick populations, very understaffed services, resource-limited settings, no specialised staff, stigma and discrimination in our own community against people who inject drugs.

Yeah, I think we've still got a very long way to go. We absolutely need more needle and syringe programs and harm reduction services in Aboriginal medical services to make availability and accessibility easier for this population.

And what about hepatitis C treatment?

We've had some recent experience with a study we've been rolling out in Aboriginal Medical Services: it's very easy to diagnose people; it's much more difficult to get people to come back for treatment; it's even more difficult to get them to come back to complete treatment. This is a population that's going to require intense efforts over the next little while to make sure we're getting as many people cleared of the virus as possible.

It's one thing to roll out the treatment every medical service has, but people are not aware of it or people don't feel like they're engaged enough with that service to be able to do it, or come back, or complete treatment.

Perhaps it's because they're in and out of jail, or perhaps because of other reasons – we're not clear about why we're having difficulties with this. Ironically, the place where we're getting most clearance of the virus is in the custodial settings. We don't put everyone in jail to get people cleared of hepatitis C but obviously that shows the challenge – if we can clear more people in prison than we can on the outside, it clearly says there's a major challenge for services providers and for the community to reduce transmission overall.

And I recall there have been massive issues with reinfection in prison in Queensland…

This will happen when you've got a transient population in and out of prison all the time. Aboriginal and Torres Strait Islander people tend to have shorter sentences – they're usually in there for less serious crime, unpaid fines and lesser sentences – but a high rotation of people in and out of the prison. I think it's going to be a challenge, particularly in regional centres. The Cairns prison is probably the major centre for people west, north and south of Cairns to go to; when there's mixing of people [from] all over the place I think you're going to have these reinfection spurts from time to time.

The fact that this country hasn't moved to needle and syringe programs in prison, where other countries have been doing it for 20 years, is a major indictment on our society and rights of people to access to health care while they're in prison, that's for sure.

We often hear that there are significant differences among groups of people who inject drugs – when you think about Aboriginal and Torres Strait Islander women injectors, are their issues distinct from those of men?

There are probably more Aboriginal women injecting, as a proportion of population, compared to non-Aboriginal women. And I'm sure there are [unequal] power dynamics between men and women who are injecting, but I think there's another added layer between Aboriginal men and women. That stems from the way this country was colonised and the many ways that women have been subjugated, and

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IT’S VERY EASY
TO DIAGNOSE PEOPLE,

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FOR TREATMENT

”

the way that transferred to Aboriginal people and cultures and disrupted our ways of being and doing and knowing from previous times.

Harm reduction programs and services probably need tailored programs for women, and particularly for Aboriginal and Torres Strait Islander women, I think it would be useful. Certainly higher numbers of Aboriginal women are diagnosed with HIV than non-Aboriginal women, and a fair proportion of those are attributable to injecting drug use.

Women don't have such ready access to PrEP in Australia, and I think we need to make sure that Aboriginal women are included in strategies as we move forward. We know that men and women are injecting together, we know that when there's an outbreak of HIV in a community due to injecting drug use that both men and women are usually involved. We need to be very mindful that this is just not a male issue and there are some extra vulnerabilities for our women in this space.

And can you unpack the LGBTIQ+ population in relation to this, or is it a non-issue?

I mean again, there are just so many intersectionalities; stigmas intersect, and they're multilayered as well. So if you think about an Aboriginal person who identifies as gay or lesbian in a racialised society that stems from colonisation and is fairly non-tolerant to Aboriginal and Torres Strait Islander people, that's one layer of stigma. You have sexual diversity, there's another layer there.

You're also using illicit drugs, there's another layer there. And if you are not upholding kinship and spiritual and ethical and moral obligations in a kinship way, there's another layer of stigma there – and that may be related to illicit drug use and injecting drug use. There are multiple layers and I feel like we do a very superficial job of trying to understand what those layers are; we just usually say, 'oh they're Aboriginal and they inject drugs'.

Parting comments for the salt of the earth frontline harm reduction workforce that reads The Bulletin?

Yeah, that workforce has been there for a long time and I know they've made lots of concerted efforts to improve engagement and access for Aboriginal and Torres Strait Islander people, and they should be thoroughly commended. It shows in the results every year in the needle and syringe program survey that Aboriginal and Torres Strait Islander people are a very good proportion of people who are accessing those services.

They should think about a lot of things that they have contributed to: one is prevention of HIV among Aboriginal and Torres Strait Islander people who are injecting drugs. We're not like Canada, where the HIV epidemic is rife among people who are injecting drugs, or the United States among First Nations peoples, and so the needle and syringe program workforce and sector should be really proud of that achievement in itself.

I think staff are under-thanked and undervalued, but really, keep up the good work and make sure to prioritise our people in your services. And always look for innovative ways for engaging and refreshing services so our people feel like they can continue to use them over time. ■

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NITROUS OXIDE:

ARE 'NANGS' CAUSE FOR CONCERN?

The use of nitrous oxide as a recreational drug continues to be treated as a marginal issue in Australia, but with its popularity on the rise, should we be paying more attention? Kathy Parker takes a closer look.

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Nitrous oxide (N_2O) is a colourless, odorless gas that is most commonly used as a medical anaesthetic or an aerosol propellant.

Nangs, also known as whippets or bulbs, are nitrous-filled pressurised canisters sold retail, generally marketed as intended for making whipped cream.

When discharged and inhaled, nitrous produces intense, brief (under one minute) feelings of euphoric disorientation.

Nitrous oxide is a widely available gas, present in homes and professional kitchens across Australia for making whipped cream, and dispensed routinely by medical professionals for pain relief and sedation during childbirth and minor medical procedures. It has long been popular as a recreational drug – often called nangs, NOS, laughing gas, or whippets – that produces a short-lived but vividly euphoric rush.

In 2016, the Global Drug Survey identified nangs as the seventh most popular drug in the world excluding caffeine, alcohol and tobacco. The Australian Institute of Health and Welfare's most recent National Drug Strategy Household Survey showed that use of inhalants had risen from 0.4 per cent of the population in 2001 to 1.7 per cent in 2019, with nitrous oxide as the most common inhalant.

Such numbers may understate the prominence of nangs' presence in the Australian party scene. Survey evidence shows that among regular stimulant users, for instance prevalence is much higher: statistics from the Ecstasy and Related Drugs Reporting System (EDRS) show rates of use in 2021 ranging from 33 per cent in SA to 69 per cent in NSW, and in some areas, such as South East Queensland, the EDRS has revealed a notable rise in use since the mid-2010s.

According to Dr Stephen Bright, a clinically trained psychologist and lecturer at Edith Cowan University believes there are two predominant categories of users in Australia: teenagers seeking an affordable and accessible means of experimentation, and a more mature young adult cohort that uses nangs to enhance the effects of other festival drugs.

In terms of effects, Penington Institute's Stephanie Tzanetis notes that nitrous can be a mixed bag for festival-goers, who often mix nangs with other substances, including psychedelics. In addition to euphoria and giddiness, nangs can produce enjoyable distortions of sound and space. On the other hand, Stephanie notes that "for some, the rush of nangs can change the nature of the overall drug experience, and not always in a pleasant way."

While nitrous is generally considered a low-risk substance, inhalation also carries several immediate potential downsides, including dizziness and light-headedness – experienced users caution novices to sit down while consuming – reduced coordination, and confusion.

More concerning are the effects of prolonged, intensive use. Among the heaviest users, who may consume several hundred cartridges a day for months, the most serious danger results from nitrous oxide's inactivation of vitamin B12. Sustained B12 depletion can lead to permanent neurological damage, often experienced as tingling or numbness in the extremities. One frontline harm reduction worker referred to a client

who consumed 300-400 cartridges per session and required regular B12 injections to avoid serious damage. Occasionally, hospitalisation may be required, and Stephanie is aware of cases of permanent mobility impairment.

Aside from the effects of the gas itself, concerns around the use of nangs include risks related to the canisters, which can cause frostbite around the mouth and lung damage when users inhale directly from the discharge apparatus. Releasing gas into a balloon has been suggested as a safer alternative, but Stephen is not convinced. "It creates the tendency for users to try and get more 'bang for their buck' by first inhaling the gas and then exhaling back into the balloon and repeating this numerous times, leading to hypoxia, which can be fatal."

Such severe outcomes are not common, however, and for many users, its fleeting nature was the main appeal. As Rebecca*, who is in her early 30s, "The high lasted less than a minute, so it wore off fast. The short timeframe was the appeal for a lot of people." Stephen suggests that despite rising prevalence, the drug has generated relatively low levels of harm, and he advises frontline workers to not overreact based on media hype.

He emphasises instead that frontline workers and clinicians be attentive to nang consumption in a polydrug context, noting that "more concerning [than nangs alone] is the use of other drugs in association with nangs – frontline workers should inquire what other drugs have been taken when assessing patients." Interestingly, both Stephen and Stephanie note the harm reduction potential of nangs.

One clear application described by Stephen is using nangs as a substitute for more harmful inhalable solvents like spray paint or glue. Stephanie suggests that, when taken under clinical supervision, nangs may also have potential as a less-intense alternative to psychedelics like psilocybin and ketamine. This type of substitution was the case for 32-year-old Brooke*, who used nangs while stepping away from daily, heavy use of other drugs. "It was like a nicotine patch for getting high. The opposite of a gateway drug, or a gateway in the other direction."

Supply of nitrous oxide has caught the attention of regulators. In recent years, canisters have been accessible at supermarkets, convenience stores, and online merchants offering home delivery for less than $1 per bulb. However, numerous states have made it an offence to supply canisters to anyone a merchant believes intends to misuse them, while NSW has made it illegal to sell nitrous for non-medical human consumption.

Following an amendment by the Therapeutic Goods Administration (TGA), from October 2022 nitrous oxide canisters will be on Schedule 6 of the Poisons Standard, making online sales and home delivery service of canisters illegal. How this affects availability – and whether it stimulates a black market for cartridges – remains to be seen.

**Names have been changed to protect privacy.*

NANGS BY THE NUMBERS

7	1.7%	6	69%
The 2016 Global Drug Survey ranked nitrous oxide the seventh most popular drug in the world.	An Australian Institute of Health and Welfare survey showed the national use of inhalants rose from 0.4 per cent in 2001 to 1.7 per cent in 2019	Recent changes by the Therapeutic Goods Administration will place nitrous oxide canisters in Schedule 6 of the Poisons Standard, making online sales and home delivery service of canisters illegal	Interviews in 2021 with regular stimulant users revealed nitrous oxide use rates ranging from 33 per cent in South Australia to 69 per cent in New South Wales

THE BULLETIN

CALENDAR OF EVENTS

OCTOBER

29 SEPT (THURS) 3:30 Pm

Global trends in opioid medicine availability

The National Drug & Alcohol Research Centre (NDARC)

Online Webinar

Click here for event info
Click here to contact NDARC

4 OCT (TUES) 1:00pm

Turning Point

Connect & Learn: Validating and de-stigmatising: A case study of online support for affected family members

Online

Click here for event info
Click here to contact
Phone: (03) 8413 8413

5 OCT (WED) 10:00pm

Insight

Getting ripped or ripped off – Image and performance enhancing drugs in Queensland

Online

Click here for event info
Click here to contact
Phone: (07) 3837 5655

9 to 12 OCT

APSAD

APSAD Darwin 2022 Conference

Darwin Convention Centre

Click here for event info
Click here to contact
Phone: (02) 8204 0770

11 to 12 OCT

The Advanced AOD Forensics Training

Presented by Caraniche

Online

Click here for event info
Click here to contact
Phone: (03) 8417 0500

18 OCT (TUES) 10:00am

What's new with naloxone?

The Mental Health Commission. 3 lives a day saved with takes home naloxone.

Online

Click here for event info
Phone: 6553 0560

19 OCT (WED) 10:00 am

Mental Health & AOD: Essentials of Practice

Partnership between Nexus Dual Diagnosis Consultation Service and Eastern Health Lived Experience

Online

Click here for event info
Click here to contact

26 OCT (WED) 10:00 am

Mental Health & AOD: Essentials of Practice

Partnership between Nexus Dual Diagnosis Consultation Service and Eastern Health Lived Experience

Online

Click here for event info
Click here to contact

21 OCT (FRI) 2:00pm

State Election 2022

VAADA Call to Parties – AOD Policy Forum

Online & in person

Click here for event info
Phone: (03) 9412 5600

25 OCT (TUES) 2:00 pm

Online HEPReady Essentials Webinar

Presented by LiverWELL

Online

Click here for event info
Click here to contact

26 OCT (WED) 10:00 am

Insight

"More human" - An ethnographic exploration of how people experience methamphetamine use and recovery

Online

Click here for event info
Click here to contact
Phone: (07) 3837 5655

The Bulletin's bimonthly event calendar features events from across Australia relevant to the NSP workforce.

We would love to include your organisation's event in the next edition. Please click here to submit the details for consideration.

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