FRANK. fostering resources and new knowledge

The monthly newsletter for the youth coalition's alcohol and other drugs project

issue 5 september 2004

injecting drug use

inside another heaving issue:

Injecting is about more than heroin

What drugs can be injected?

The most commonly injected drugs are heroin and cocaine, but any water-soluble drug may be injected. Here are some drugs are known to be injected:

- ➜ Heroin
- ➜ Benzodiazepines (minor tranquillisers)
- ➜ Buprenorphine
- ➜ barbiturates
- ➜ LSD and other hallucinogens
- ➜ Ecstasy (MDMA)
- ➜ Amphetamines
- ➜ Cocaine
- ➜ Anabolic steroids

Sources: Excerpt from *Injecting Drug Use* by Gloria J Baciewicz, MD http://www.emedicine.com/med/topic586.htmAustralian Drug Foundation. *What drug is that?* www.adf.org.au

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Youth Coalition of the ACT is the peak body for youth affairs in the ACT. Some of the things the Youth Coalition does includes:

- **Alcohol and Other Drugs Project:** aims to build the capacity of the youth sector to better work with young people with alcohol and other drug issues and to facilitate links with the alcohol and other drugs sector
- **Policy development**
- **Advocacy and representation**
- **Sector development**
- **Youth consultation**
- **Information development**
- **Events and projects**

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Injecting Drug Use

Source: naturalhealthline.com/../ 15nov02/security.htm

Most injecting drug users (IDUs) inject their drugs intravenously [*given by injection into a vein*], but subcutaneous injection [*given by injection beneath the skin*] (ie, "skin-popping") also is common, and intramuscular injection [*given by injection into a muscle*] may occur intentionally or when the individual misses the vein or the subcutaneous space. Injecting drug use is associated with many local and systemic complications for the individual and also is associated with the transmission of infectious diseases via needle sharing and sexual activity.

How does injecting drug use work?

When injecting a drug intravenously, the user introduces a bolus [*usually refers to a single large dose or quantity*] of the drug into the vein, producing a rapid and powerful drug high. The onset of drug effects is about 15-30 seconds for the intravenous route, and 3-5 minutes for the intramuscular or subcutaneous route. Drug effects from inhaling (smoking) a drug begin in 7-10 seconds, and drug effects from intranasal [within the nose] use (a transmucosal [*diffusion through a mucous membrane*] absorption) begin in 3-5 minutes.

Some problems associated with injecting drug use

Injecting drug use causes medical problems by introducing pathogens and other contaminants into the body via shared needles and a lack of sterile preparation and injection techniques. Medical problems also arise from damage caused by the drugs themselves (eg, the morbidity and mortality associated with drug overdose). The injected drugs also may not be pure; they may be cut with irritants, such as talc, lactate, or quinine.

Death from the direct toxic effects of a heroin overdose itself usually is associated with respiratory depression, coma, and pulmonary edema. Death from direct effects of cocaine often is associated with cardiac dysrhythmias and conduction disturbances, leading to heart attack and stroke.

Source: Excerpt from *Injecting Drug Use* by Gloria J Baciewicz, MD http://www.emedicine.com/med/topic586.htm

The ACT Sharps Hotline

The ACT Government runs the Sharps Hotline. If you find disregarded sharps (needles or syringes) in a **public place** you can contact the City Rangers and they will collect and dispose of them. This is a 24-hour service.

If you are in a **private** or **commercial** space the Sharps Hotline can give you advice about who can collect and dispose of the sharps for you. The City Rangers can collect and dispose of the sharps for a set fee.

Contact details are:

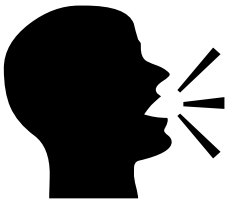
Phone: 13 22 81

Email: canberraconnect@act.gov.au

Web: www.canberraconnect.act.gov.au

Self-care by young people for young people

The Mosaics Project



Editor's note:

The following paper explores ways of talking about self-care in relation to drug use… this paper is by a young person writing about work informed by narrative ideas that is happening within his own community, a community in which recreational drug use is an accepted part of life. It seems significant to be able offer therapists and community workers the perspectives of young people on this issue…

The work described here evolved from the Mosaic project – a project that has created an alternative resource for working with young people around drug use. It seems important to place this project in context. It is occurring in an urban context in relation to a relatively privileged community of young people. The drug use being described is recreational, although this is not to imply that it is in some way not serious or significant in the lives of the young people concerned. The approach of the project can be located within a harm reduction philosophy – a philosophy that prioritises action to reduce the harm associated with drug use, without making judgements as to the rightfulness or wrongfulness of using drugs.

Perhaps the most effective way of placing this work in context, and of conveying the meaning of a harm reduction philosophy is to quote a passage by one of the young people involved with Mosaic about why they initiated the project:

'What has moved me to be involved in this project is a history of loss. I've lost so many people in different ways and I know that it is going to keep happening. There is a real grief and sometimes I feel I just can't take any more of it. I've lost friends through having them die, and I've lost friends to distance, they move beyond my reach into the drug culture, drug lifestyle. I don't have a commitment to stop people using drugs, I have a commitment to stopping people from losing each other over drug use. I have a commitment to not lose people to distance, to isolation because I have lost so many connections - often temporarily, sometimes permanently. And it doesn't need to be happening. There needs to be intervention. Something needs to be different because nothing that has been done so far seems to be working. Maybe nothing is going to work in a hurry but I'd like to give it a go. I'd like to stop losing people. It has to stop. There has to be no more loss.'

Introduction

This paper explores my attempts to have conversations with other young people about 'self-care' in relation to drug use. I am a member of a community of young people within which drug use is an accepted part of life. Due to a determination not to lose any more friends to drugs, two years ago Penni Moss and I began the Mosaic project. This project culminated in a publication entitled Mosaic: an alternative resource for working with young people in relation to drug use (Moss & Butterworth,1999). Within it we tried to document the politics of drug use, dominant and alternative stories about young people in relation to drug use, some of the beliefs that prevent meaningful conversations between young people and health professionals on this topic, and tried to suggest some alternative ways forward.

In this paper, I have tried to take these ideas one step further. I have included below a conversation that I had with a member of my friendship network about self-care in relation to drug use…

… By sharing conversations about self-care, I also hope to address the isolation and the shame and guilt that is so easily associated with any kind of drug use that is not sanctioned by the broader culture. I believe that conversations, like the one that follows, can help to deconstruct the ideas that are so prevalent in our western culture that drug users are 'dirty', 'self destructive', 'selfish' and don't care for anyone but themselves. These dominant ideas about drug use are so easily internalised by anyone who uses illegal drugs and all too often contribute to less self-care and more self-harm and drug-related harm. I believe that focusing on the assumed negative attributes of those using drugs is counter-productive. Instead, I am interested in exploring the ways in which those who are using drugs are demonstrating care for themselves and others in their lives, as I believe this will be a more likely way to reduce drug-related harm.

When young people who are using drugs continue to engage in acts of self-care and care for others in their networks, I see these as acts of resistance to the mainstream ideas about them. To continue to care for yourself and others while using drugs, is to refuse the type of identity that is being dictated to you by the broader culture. It is to hold onto your preferred sense of who you are. I am interested in finding ways to honour this in conversations, because I am curious to know what may happen if acts of self-care and their significance are acknowledged. In the following conversation I have tried to use narrative practices to do this...

A conversation with Lex

PB: We spoke earlier about some of the things that you do around your drug use that you think are about self-care – for instance when you use intravenously you use swabs and clean fits. Can you talk a bit about this?

Lex: There are a whole range of things that I and lots of other people do - keeping track of syringes, making sure I eat well, only using with people I trust. Thinking about the head space you're in when you're using is also really important. If I'm feeling down I won't take drugs. I know that if I'm in a bad mood and I take drugs, it's only going to bring me down further in the end. If that then happens it becomes hard to pick yourself back up, naturally, without further substance use. So it's important for me not to use when I am feeling down.

PB: Can you think of a particular time when self-care was important to you?

Lex: There have been times when I have sacrificed using intravenous drugs because of self-care. In this particular case I felt comfortable with all the people that I was with, I was in a good head space and everything like that, but I didn't feel comfortable with the fact that we were in the back of a car and we were parked in quite an inappropriate place. Everyone else was using intravenous drugs and I decided not to, because I didn't feel comfortable.

PB: Would you see that as making a commitment to self-care and establishing a safe environment?

Lex: Definitely, yeah.

PB: I guess I wonder where that learning about self-care has come from…

Lex: Extensive reading and talking to the people that use in really clean ways. Those conversations make me keep in mind all the germs that are on hand all the time. I mean, there's no sink or anything in the back of a car! And there's always a chance that the police or whoever are going to drive past, and that somebody's going to see you doing it. I didn't feel comfortable doing it there and that in itself was a

Sources: Excerpt from Butterworth, Paul. *Talking about self-care in relation to using drugs.* http://www.dulwichcentre.com.au/deconstructing_addiction.html This paper was first published in *Gecko: A journal of deconstruction and narrative ideas in therapeutic practice.*

What is NSP?

NSP stands for needle and syringe programs. NSPs operate in every state and territory of Australia using a number of service delivery models. Primary outlets are specifically established to provide NSP services, including primary health care, while secondary outlets provide NSP services as part of a range of other health or community services. Secondary outlets often operate from hospital accident and emergency departments and community health centres. The provision of NSP services through secondary outlets may sometimes have to compete with other priorities of these organisations. Mobile and outreach services operate in various areas of Australia and dispensing machines have been established in a number of locations in two jurisdictions to distribute needle and syringe packs for a small fee. These machines provide access to sterile injecting equipment at times when other outlets are not operating. As such, jurisdictions may benefit from exploring the potential of dispensing machines to supplement the services provided by other outlets. Many pharmacies also provide injecting equipment although they generally do not offer a wider range of NSP services. Needle and syringe programs offer a range of services including:

- provision of clean injecting equipment
- counselling, education and information on reducing drug use
- primary health care
- referral to drug treatment, medical, legal and social services
- collection of used injecting equipment

People who inject drugs may contract diseases that are transmitted through blood-to-blood contact. Additionally, they are at risk of vein damage and overdose and may also suffer from poor nutrition and the effects of discrimination. Therefore, while the practice of injecting drug use continues, NSPs are an important harm reduction strategy to help maintain the health of injecting drug users and the wider community.

Are NSPs effective?

Needle and syringe programs have been directly responsible for the reduction in needle sharing amongst Australia's injecting drug users thereby reducing the risk of transmission of blood borne diseases. As noted above, this population group has been identified as being at particular risk of infection with HIV and hepatitis B and C. Evidence of the effectiveness of NSPs is consistent and convincing. In financial terms, they have been found to be highly cost effective compared to the cost of treating HIV and hepatitis C infection. A 2002 study of the return on investment in Australian NSPs over the past 10 years showed that an outlay of almost $150 million on NSP initiatives had resulted in savings in the range of $2.4 and $7.7 billion. This return reflected an estimated:

- 25 000 cases of HIV avoided among injecting drug users between 1988 (when NSPs were introduced) and 2000
- 21 000 cases of hepatitis C avoided among injecting drug users between 1988 and 2000

The researchers noted that the investment in NSPs in this country is justified by the effect on HIV transmission alone with the effect on hepatitis C transmission providing an additional financial benefit. They also noted that the financial analysis considered only the direct costs and savings associated with NSPs and did not take into account the range of other potential savings to be derived from a reduction in HIV and hepatitis C that would accrue to governments, patients, their carers and the wider community. In this context the reported savings would appear, if anything, to understate the total financial benefits of NSPs.

Are NSPs effective? continued…

In addition to the financial benefits, the researchers also examined the positive effect of NSPs on the lives of injecting drug users and reported considerable quantity and quality of life benefits through the avoidance of HIV and hepatitis C. The researchers estimated that by 2010 there would be 650 fewer injecting drug users living with cirrhosis and that 90 deaths related to hepatitis C would have been prevented. Perhaps more compelling still is the estimated prevention of 4500 AIDS-related deaths by 2010.

These findings support those of a previous Australian study which investigated the effectiveness of NSPs in relation to HIV/AIDS in Australia using 1991 data. The study concluded that in that year, NSPs had prevented almost 3000 cases of HIV and produced savings of $266 million for an expenditure of $10 million.

International evidence regarding the effectiveness of NSPs is also strong. A study of 81 cities in North America, Europe, Asia and the Pacific compared HIV infection rates among injecting drug users in cities that had NSPs with those that did not. On average, HIV seroprevalence increased by 5.9% per year in the 52 cities without NSPs and decreased by 5.8% per year in the 29 cities that had such programs. The study concluded that strong evidence exists for the effectiveness of NSPs in reducing the rate of HIV infection among injecting drug users. Clearly the case for ongoing and expanded investment in NSPs is undeniable, both financially and in terms of the incalculable human benefits they deliver.

Source: Excerpt and adaptation from Alcohol and other Drugs Council of Australia. September 2003. *Policy Positions of the Alcohol and other Drugs Council of Australia* 2.7 *Needle and syringe programs.* www.adca.org.au/policy/policy_positions/2.7Needle_and_Syringe_Programs_19.10.03.pdf

A **FRANK.** fact:

FRANK. is designed so that all of the information can be found out there on the big bad internet. All of the information contained herein can be accessed through any search engine. Check the bottom of each article for the link.

FRANK. aims to link you up with information that is already out there. We have done the homework, found the sites, the reports, the factsheets and more. We've assessed the information and offered it up to you because we know how busy you are.

We know that keeping on top of alcohol and other drug information is just one of the many things you need to know about in your work with young people.

Overdose & Police:
What to expect in the ACT

&

Overall, the issues surrounding ambulance services responding to drug overdose calls are the same in every state in Australia. Often, people are fearful of prosecution and they don't call an ambulance. This can result in unnecessary deaths, which potentially, could have been prevented if the ambulance had been called. What we are trying to do is expel some of the myths around ambulance services attending overdoses and tell people what to expect.

THE NUMBER TO RING IF YOU NEED AN AMBULANCE IN ANY STATE OR TERRITORY OF AUSTRALIA IS: 000

IN THE ACT THE POLICE WILL NOT BE CALLED TO A DRUG OVERDOSE IN THE ACT, UNLESS:

- The Ambulance Service feels that there is a threat of violence (usually only once on the scene and even then, there are very few cases where this has happened).
- The area has been flagged as a dangerous area, meaning that the address is known to the Ambulance Service (eg: certain flats etc where the ambulance vehicles are being vandalised or the officers robbed or threatened). These areas will have a flag on them so that every time an ambulance is called out to those flats the police would automatically be called. However, the police would not be responding to a drug overdose call.
- The caller to the Ambulance Service specifically requests police presence.
- Another party contacts them (not the ambulance service or the person calling the service).
- The overdose becomes a fatal and the person dies. (The Australian Federal Police would then utilise their investigations unit to establish if the death was at all suspicious.)

Source: Excerpt and adaptation from Australian Illicit and Injecting Drug Users League. *Factsheet Overdose & Police: What To Expect State By State.* www.aivl.org.au

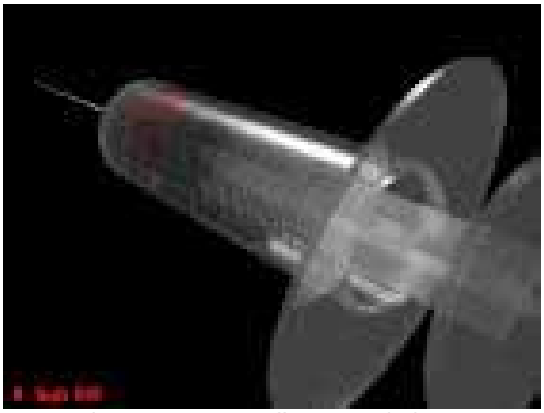
IDU: harm minimisation

The best thing is not to use drugs or inject at all. However, if you are using it is important to:

- use a sterile needle and syringe for every hit
- not share any injecting equipment at all eg spoons, swabs, filter, glass and sterile water because injecting gear can come into contact with tiny particles of blood that can pass on diseases even if you can't see the blood
- see a health professional or a needle exchange worker for accurate info on how to inject safely.

Source: Child and Youth Health . *Drugs and alcohol. Heroin.* http://www.cyh.com/cyh/youthtopics/usr_srch2.stm?topic_id=1377&precis=null

Injecting drug use
Information for young people



Source: homepages.paradise.net.nz/.../stills/Syringe.jpg

Injecting drug use is a major risk behaviour for HIV transmission. It is also a strong risk factor for hepatitis B and C transmission. Needle and syringe sharing among people who inject drugs is largely responsible for transmitting infection among drug users, although unsafe sexual behaviours also play a role.

In the United States, injecting drug users tend to come from disadvantaged communities, where poverty and poor education are endemic, and consequently prevention strategies can be difficult to implement. In addition, levels of drug use are so high that the spread of HIV is a serious problem. In Australia, injecting drug users come from all levels and classes of society, and many continue to function as normal community members. Estimates of the numbers of injecting drug users in Australia vary from around 20,000, to hundreds of thousands of users in different categories of use. It is estimated that in 1988 there were 57,000 regular users in Australia, and that 500,000 people had injected themselves with illegal drugs, 175,000 within the last 12 months. Although these figures may be disturbing in terms of the potential for the spread of HIV, Australian data indicates a lower incidence of HIV infection among injecting drug users than has been reported for many other countries.

Studies do indicate the existence of a population of users who continue to engage in unsafe behaviours. Of 200 clients attending rehabilitation centres in Melbourne, 91% who stated that they had injected drugs said they had shared needles and syringes (Pain et al, 1985). Reasons included a lack of easy supply of clean equipment, an overwhelming desire for a fix, or apathy/inconvenience. In another study, being unable to buy a needle and syringe at the time and place of drug use was a major reason for sharing, although most users said they did not want to share.

This data highlights the importance of accessible needle exchange programs. Prejudicial attitudes towards injecting drug users often result in simplistic, judgemental approaches to the problem, with the emphasis on drug rehabilitation or criminal punishment. Strategies need to offer choice and focus on prevention of the spread of infection.

Source: Adaptation from Royal Adelaide Hospital. Sexually Transmitted Diseases Services. Injecting drug use - Information for students. http://www.stdservices.on.net/std/social_aspects/idu.htm

"I WANT TO BE HEARD"

An analysis of needs of Aboriginal and Torres Strait Islander illegal drug users in the act and region for treatment and other services

An excerpt from the report

This needs assessment had its genesis in widespread concerns expressed by local Aboriginal organisations and individuals, and others, about the prevalence of illegal drug use among young Aboriginal and Torres Strait Islander people in the region, and the massive impacts it is having on individual, extended family and Community life. Community leaders pointed to severe unmet needs in the areas of prevention (including the upstream social determinants of health and illness), early intervention, and treatment. They also pointed to the serious adverse impacts of the legal drugs, particularly alcohol and tobacco products.

Of the 95 Aboriginal and Torres Strait Islander illegal dug users we interviewed, 62 were men and 33 were women. Their ages ranged from 16 to 50 years, with a mean of 29 years, and 44 were 25 years of age or younger. In all, 54 stated that they had injected illegal drugs in the 12 months prior to interview and 41 had used other routes of administration, primarily smoking cannabis. The injecting drug users were significantly younger than the non-injectors. We estimate that we interviewed 10 to 20 per cent of the target population.

The report revealed that:

- Overdoses are a continuing threat to the health of opioid users, particularly those who inject: 23 (31 %) of the 74 people we interviewed who had ever used opioids had overdosed after injecting.
- Of the 60 current opioid users, 20 (33%) had a history of overdosing and most had overdosed on more than one occasion.
- Fifty-six people (59%) seen someone else overdose (most of whom had recovered)… Most people had witnessed more than one overdose….
- Most of the people interviewed knew about HIV and Hepatitis C and understood the risk factors for transmission
- 59 per cent said they had been tested [for Hep C] within the previous twelve months. Twenty-three people said that their most recent test revealed that they were hepatitis C positive and all of these were current injecting drug users (45% of the current injecting drug users).
- 68 per cent of the injectors we interviewed stated that they had always used a sterile needle and syringe in the previous twelve months, though 32 per cent had not.
- These people also reported a high level of sharing of other paraphernalia used for injecting, a known risk factor for hepatitis C transmission
- The reasons given for sharing were the absence of sufficient sterile injecting equipment or the (false) perception that it is safe to share with someone you know well.
- Many people who were interviewed had relatively poor levels of emotional health

The evidence gathered in the report supports the need for new and expanded services, and for the improvement of existing services, so as to better address the physical, emotional and social problems of Aboriginal and Torres Strait Islander illegal drug users in our community.

Source: Dance P, Tongs J, Guthrie J, McDonald D, D'Souza R, Cubillo C, Bammer G. 2004. National Centre for Epidemiology and Population Health. Australian National University & Winnunga Nimmitjah Aboriginal Health Service. **The full report can be downloaded as a PDF nceph.anu.edu.au/Publications/ Indig_docs/I_want_to_be_heard.pdf or type I want to be heard into a search engine for a link to the report**

ACT NEEDLE AND SYRINGE PROGRAMS (NSP): **Primary Outlets**

At a primary outlet the Needle and Syringe Program is its core business. The workers are specifically trained and provide information and referral. Injecting equipment available at a primary outlet varies state by state depending on legislation. In the ACT a full range of injecting equipment is available, including:

Safety Packs:
27gauge Syringe, Water, Alcohol Swabs, Spoon, Cottonwool, Personal Sharps Container.

Various Medical Equipment:
Barrels & Tips 3ml,5ml,10ml,20ml and 19gauge, 21gauge, 23gauge, 25gauge, 27gauge.

There are only 2 primary outlets in the ACT:

Directions ACT 33A East Row, Canberra City Ph: 6248 7677	Monday – Friday 8.30am – 6pm	Saturday 9am – 5pm Sunday closed
CAHMA Griffin Centre, Civic Ph: 6262 5299	Monday – Friday 10am – 5pm	Saturday & Sunday closed

Secondary Outlets

At a secondary outlet only provides basic injecting equipment is available. It does not provide information and referral. The Needle and Syringe Program is not the core business of the service - it incorporates NSP services into its service delivery, for example a health centre or youth centre may also provide NSPs. The injecting equipment is available, includes:

Safety Packs:
27gauge Syringe, Water, Alcohol Swabs, Spoon, Cottonwool, Personal Sharps Container.

Secondary outlets in the ACT are:

AIDS Action Council Westlund House 16 Gordon St., Acton Ph: 6257 2855	Monday – Friday 9am – 5pm	
Alcohol & Drug Service City Health Building Cnr Moore & Alinga St. Canberra City, Ph: 6205 4515	Monday – Friday 8.30am – 5pm	
Belconnen Health Centre Swanson St & Benjamin Way Belconnen Town Centre, Ph: 6205 1133		Saturday & Sunday closed
Narrabundah Health Centre Boolimba Cres, Narrabundah, Ph: 6295 207	Monday – Friday 8.30am – 4.50pm	
Phillip Health Centre Cnr. Corrina & Keltie St. Woden Ph: 6205 1444		
Tuggeranong Health Centre Cnr. Anketell & Pitman Sts. Tuggeranong Ph: 6293 5999		

There are also Pharmacy Outlets. For a complete list visit www.directionsact.com or call Directions on 6248 7677.

Source: Adapted fromwww.directionsact.com/needle/access.html

STI Testing Recommendations People Who Inject Drugs

Injecting drug users are at risk of the same sexually transmitted infections as those who don't inject, but because of the risks associated with sharing needles or other equipment there is a higher risk of contracting infections such as hepatitis C, hepatitis B and HIV.

The lifestyles of people who inject drugs may also involve sexual risk taking behaviours, therefore the sexual health needs of people who inject drugs, as well as health issues associated with their drug use practice, need to be addressed.

These recommendations should apply regardless of whether condoms are used or not, and whether or not safe injecting practices are reported.

Annual testing recommendations:

- **Chlamydia** (urine/cervical smear – pap smear)
- **Hepatitis B** – can be immunised if negative
- **Hepatitis C** – if hepatitis C negative
- **Syphilis**
- **HIV** – if HIV negative

Consider:

- **Hepatitis A** – can be immunised if negative

More frequent screening:

More frequent screening may be something worth considering if a person has been exposed to risk.

Source: Australasian Chapter of Sexual Health Medicine. *Clinical guidelines for the management of sexually transmissible infections among priority populations.* http://www.acshp.org.au/sexual_health/guidelines/html/populations/drug_injectors.html

Some tips for injecting and self-care:

- Eat healthy food, including fruit and vegetables
- Sleep well and get plenty of rest
- Exercise regularly
- Brush your teeth regularly – some drugs can increase tooth decay. See a dentist at least twice a year
- Chew sugarless gum to increase saliva production – this protects teeth.
- Drink at least two litres of water a day.
- If you are hepatitis positive avoid alcohol and fatty foods, and rest when you feel unwell. Drugs pass through your liver and can put extra strain on it. This makes hepatitis symptoms worse. It is extremely important not to binge on alcohol.
- Learn cardiac pulmonary resuscitation (cpr). You could save somebody else's life if they run into problems.

Source: Excerpt from Safer Injecting Practices. Pharmacy Self-Care Health Information. Pharmacetical Society of Australia. www.pharmacyonline.com.au/healthinfo/ safer_injecting_practices_02.pdf

ⓘ Health rights are human rights ⓘ

Australian Injecting and Illicit Drug Users League (AIVL) has always been concerned about the gaps in service provision for injecting and illicit drug users within the prison system in Australia. As you will all know, prisoners are a group of people who experience extreme levels of discrimination and marginalisation in society.

For the prisoner who is also an injecting drug user, there are even more issues and factors to deal with not only to survive but, to protect ones health. Within this country, the laws of the Australian Government recognise that a person's capacity to access health services should not be compromised by reason of imprisonment and that all people should have the basic right to health. This recognition is also evidenced in Australia's international treaty obligations. Such laws however are not implemented in reality for the many injecting drug users in Australian prisons. Too many men and women incarcerated in our prisons are being forced to compromise their lives and health simply because collectively, the governments of Australia are preventing them from being able to protect themselves. The failure of our governments to provide adequate and appropriate services to drug users in prison is increasing the rates of blood borne virus transmission and other drug use related health issues. All of these problems can be avoided however, if our governments were strong and committed to meeting their duty of care in the prison context. The provision of holistic services for injecting drug users that include needle and syringe programs will save lives and improve the health of prisoners who inject drugs. This in turn, will protect and improve the health of individuals in the wider community.

As is stated in the general principles spelt out in the World Health Organisation's Guidelines on "HIV Infection and AIDS in Prisons":

> ***"All prisoners have the right to receive health care, including preventative measures, equivalent to that available in the community without discrimination, in particular with respect to their legal status and nationality"***

Unfortunately, AIVL believes that such principles, along with the multitude of other legislation, declarations and charters that strive to protect prisoner's health, are quite simply being overlooked or worse, being actively ignored by Australian prisons.

The provision of needles and syringes in Australian prisons has been an area of debate for sometime and has received significant media coverage. It is important to note that within the prison setting, Needle and Syringe Programs (NSPs) are referred to as Prison-Based Syringe Exchange Programs (PSE programs). While in principle, AIVL does not support needle and syringe provision that is provided on an exchange only basis, however AIVL recognises that even in an ideal world where services in prisons should mirror that of services in the wider community, at times compromises are necessary.

Prisons are driving the hepatitis C epidemic in Australia. The current situation in relation to hepatitis C in Australia is nothing short of a disgrace! Every single one of us should hang our heads in shame – NSPs in prisons present an opportunity to do something that will really make a difference in relation to hep C. The time for talking is over – it is time to act!

Source: Exerpt and adaptation from *"Health Rights are Human Rights" – The Development of a proposal and model for a trial of Needle and Syringe Programs in Australia's Prisons*. Annie Madden & Nicky BathAustralian Injecting & Illicit Drug Users League. www.aivl.org.au

Won't the distribution of needles and syringes increase the level of injecting drug use in Canberra?

There are many reasons why people start taking drugs, including social, psychological and cultural influences. Therefore, it is considered highly unlikely that Needle and Syringe Programs would contribute to increased levels of injecting drug use. In fact, some studies have reported decreases in drug use following the introduction of Needle and Syringe Programs, because they act as a referral point for getting clients into drug treatment. A study in Sydney in 1990 examining the impact of a trial Needle and Syringe Program, concluded that an increase in the availability of sterile needles and syringes did not lead to any increase in the frequency of injecting drug use. In a study of a Needle and Syringe Program in San Francisco over 5,000 drug injectors were interviewed. Researchers found that the number of people starting to inject drugs decreased, from 3% in 1989 to 1% in 1992.

- ★ **There is no evidence that Needle and Syringe Programs increase injecting drug use.**
- ★ **Needle and Syringe Programs refer clients into drug treatment services.**
- ★ **Drug use can actually decrease among injecting drug users who attend a Needle and Syringe Program.**

Source: Adapted from *NSP Needle & Syringe Programs: your questions answered*. Australian National Council on AIDS, Hepatitis C and Related Diseases. www.ancahrd.org/pubs/pdfs/needlequest.pdf

Accidental needlestick injuries in public places

In the community setting, needle stick injury usually arises from the unintentional puncturing of the skin by a discarded hypodermic needle left in places such as in parks, on beaches, on public transport, in staircases, in public toilets, in laneways and in car parks.

When a person suffers a needle stick injury there is usually a degree of anxiety and distress. This is a natural response when thoughts of potential blood borne infections (HIV, hepatitis B and C) occur. Media attention and government funded educational awareness programs over the last 20 years has heightened many people's awareness and knowledge of the diseases and likely sources of exposure.

However, it is actually very rare for a person to become infected with HIV, hepatitis B or C viruses as a result of a needle stick injury from a needle used and discarded inappropriately. This is probably due to the fact that these viruses die quickly once out of the body.

What should I do if I accidentally get pricked by a needle?

- ✓ Let the mark, made by the needle, bleed.
- ✓ Wash the area with soap and cold running water, apply an antiseptic and cover with a band-aid
- ✓ To protect other people from a potential needlestick injury, and only if you feel competent, put the needle or sharp in a rigid-walled, puncture resistant container and seal or securely close the container. A tin with a taped down lid could be considered as a possible container. This container can be put into an ordinary rubbish bin. If you can't do this without risk of pricking yourself again, contact SHARPS or City Rangers (13 22 81) to arrange removal.

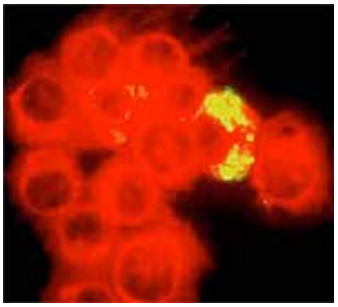
Should I seek medical attention?

YES! It is important that you are medically assessed as soon as possible. Treatment, reassurance, counselling and advice can be obtained from: a hospital emergency department, local GP or a sexual health clinic.

Source: *Accidental needlestick injury in public places.* February 2003. Queensland Government Health. http://www.health.qld.gov.au/phs/Documents/cdu/17397dmp.htm

Hey youse!

Don't forget Hep C!



We cannot do justice to injecting drug use *and* Hep C *and* other blood borne viruses such as HIV all in one issue of FRANK. Therefore we have dedicated a special edition of FRANK. to Hep C. But here is a taste of what is to come…

Hepatitis C and Injecting Drug Use (IDU)

Hepatitis C (HCV) is a major concern for people who inject drugs. We know that approximately 80% of the estimated 240 000 people with Hep C in Australia have acquired the virus through injecting drug use (IDU) – either past or present. It can take as little as one incident of unsafe injecting to transmit the virus. HCV is a blood-borne virus and as such is spread through one person's infected blood gaining direct access into the bloodstream of another. Even small amounts of infected blood can transmit the virus, amounts even too small to see with the naked eye. Prior to 1989, hepatitis C had been identified as 'non-A, non-B' hepatitis. Currently there is no vaccination to prevent hepatitis C infection.

Why are injecting drug users more likely to contract Hep C?

Hep C is spread by blood to blood contact. Injecting is an activity where there is often a great deal of blood present, therefore the opportunity to come into contact with infected blood is significantly increased.

Hep C has been in the Australian community for several decades. Testing for the virus, however, has only been available since 1990. Transmission of the virus therefore has been happening over many years, most particularly in those groups whose behaviour places them at risk of blood to blood contact. A large number of individuals have become infected through unsafe injecting, thus IDUs have an increased chance of coming into contact with someone who is Hep C positive through shared IDU. Unsterile injecting practices increase the chance of virus transmission. Blood enters the syringe during the injecting process. Hepatitis C can be transmitted at every stage of the injecting procedure. Sharing not only needles and syringes, but other equipment such as swabs, filters, tourniquets, spoons and water can mean that opportunities for contamination (and reinfection) can easily occur. Be careful also of blood that may be on the bench or tabletop on which equipment is being used.

How can I avoid Hep C infection?

When preparing and injecting drugs, BE BLOOD AWARE, avoid contact with blood. DO NOT SHARE YOUR INJECTING EQUIPMENT WITH ANYONE.

USE A NEW FIT FOR EVERY HIT

Source: Hepatitis C Council of South Australia. *Hepatitis C and Injecting Drug Use*
http://www.hepccouncilsa.asn.au/injecting.html#a

FRANK.

Directions' tips for vein care: www.directionsact.com

- **Never inject into an artery**, you will know you have when:
  - the plunger is forced back by pressure and blood is frothy
  - colour of blood is brighter and it stings more
  - **if you hit an artery, pull out immediately, apply firm pressure and elevate**
- **use only surface veins on legs** – deep veins can clot
- **inject slowly**
- **apply pressure after injecting**
- **keep veins in good condition** – rotate, use new needles and to reduce scarring, use vitamin E rich cream

To avoid vein damage:

- **Rotate sites** - veins need time to recover
- **Use a new needle every time** - the sharper the needle, the smaller the tear it will make in your vein.
- **Use the smallest gauge needle** - less tearing & acts as a filter to larger particles.
- **Always use alcohol swab to clean site before injecting.** Not cleaning site allows bacteria to be pushed from skin into blood stream this can lead to infections, abscesses and vein collapse
- **Use dry swab after** - to clean up
- **Always filter** to prevent veins blocking and contaminants entering bloodstream.
- **Avoid hands and feet** - veins there are very small, fragile and close to nerves and tendons.

Directions' needle related health information: www.directionsact.com

Dirty hits
Causes: contaminates entering blood stream during injection. Reactions are fairly quick and intense.
Symptoms include: headache, sweating fever and trembly. If severe, seek medical assistance.

Septicemia
Causes: injecting contaminated water, contaminated filters, not cleaning the injection site properly.
Symptoms include: chills, exhaustion, fever and feeling very sick. Seek medical attention urgently, can be fatal.

Embolism
Causes: shutting off a blood vessel by undissolved material or injecting air bubbles. Can be fatal.
Prevention: clear the syringe of air and filter thoroughly.

Heart murmurs
Causes: bacteria, fungi & other microorganisms gathering around the valves of the heart via entry from contaminated drugs, water, equipment, and injection sites. *Symptoms include:* fever, chest pain, fainting spells, shortness of breath and heart palpitations. Can be treated if detected early.

Arterial occlusions
Causes: when drug is injected into an artery it can block, obstructing passage of blood to limb. Can result in gangrene. *Symptoms include:* swelling, pain & redness followed by pallor, coldness and loss of pulse in hands or feets. Seek medical attention urgently.

To avoid dirty hits, use new & sterile injecting equipment, water/filter. Wash hands before & after injecting, clean injection site and filter thoroughly. Remove rings etc. In case of swelling, avoid dirty hits – new / filter / wash. Don't hesitate - SEEK MEDICAL ATTENTION!

NOT ANOTHER DRUG SUMMIT 2004

staring

Paul Dillon

National Drug and Alcohol Research Centre

December 2nd – REGISTER NOW!!!

YOUTH COALITION OF THE ACT'S

Youth Worker's Survival Kit

Crisis Intervention Training with Diana Boswell (Thomas Wright Institute)

2 half-day sessions will focus on basic crisis communication skills for keeping cool and de-escalating conflicts with young people.

When: **Tuesday 9th November** 9:30-12:30 and 1:30-4:30 (repeat sessions)
Cost: $10 (YCACT members) $20 (non-members) - includes morning tea and resource kit. LIMITED PLACES

A full day "advanced" workshop will also be offered for people who have attended either of the half-day sessions or for those who have done crisis intervention training in the past and are looking for a refresher and to enhance their skills. The full day workshop will explore understanding self and the patterns of self-defeating behaviour that young people show, and look at skills in talking with young people to begin the process of learning new ways to manage emotional stress.

When: **Wednesday 10th November** 9:30-4:30
Cost: $20 (YCACT members) $30 non-members - includes morning tea, lunch and resource kit. LIMITED PLACES

Training will be held at the Youth Coalition, 46 Clianthus St, O'Connor.

To register your interest for the Summit or the CI training opportunities please contact Bianca on 6247 3540 or bianca@youthcoalition.net