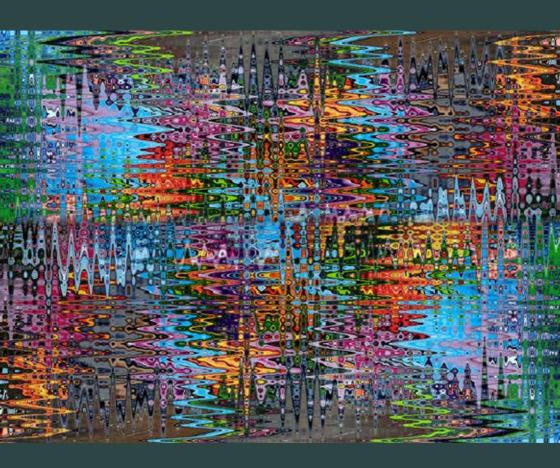
# FLIPSIDE

The Association of Participating Service Users



# HARM REDUCTION

# INSIDE

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Concept, editing and layout: Edita

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If you have any original articles, poems or artwork that you would like to see in Flipside you may submit them to:

apsu@sharc.org.au

or APSU 140 Grange Road Carnegie VIC 3163

phone: (03) 9573 1776

ABN: 18052525948

# **Editorial**

The harm reduction movement developed in the 1980's as a response to the HIV / AIDS epidemic, and over the years developed a range of practices that preserve health and save lives of people who use drugs. It is a compassionate, practical and evidence-based approach to drug use as a health issue.

However, harm reduction still needs to be justified and defended in most public forums. It is often seen as a way of condoning or even encouraging drug use, and the benefits get overlooked and overshadowed by the social stigma surrounding drug use.

In the Netflix documentary Heroin(e), Jan Rader, first responder in the US opioid overdose epidemic, says: "The only qualification for getting into long-term recovery is you have to be alive". In the spirit of Jan's statement, in this issue we wanted to feature stories from people in recovery, who would not be here to tell their stories had it not been for harm reduction services. Unfortunately, some stories are also about people who are no longer here.

Many would still be with us if there was a safe injecting room they could visit, if they had access to clean needles, if somebody close to them had Naloxone at hand, if the pills they ended up taking could be tested... and the list continues. Thanks to the strenuous work of many harm reduction advocates, some of these life-saving services can now be accessed. Many other services are still out of reach, but not for lack of evidence that supports them.

This issue also features our interview with Ogy Simic, the City of Port Phillip councillor, about the process of approving pill testing in his council. In the face of robust evidence about the benefits of this practice, and in addition to increasingly frequent news of mass overdoses from dodgy pills at music festivals and parties, pill testing is still rejected by Australian major political parties.

Opponents of harm reduction practices always reiterate the same message: just don't take drugs, there is no safe level of drug use, or a similar variation. It is the same message that has been at the core of the now 100-years-long war on drugs. The same message that has failed for 100 years, leaving behind mourning parents, orphaned children, destroyed communities and flourishing organised crime. Maybe it is time to try something different.

Because Jan Rader is right, being alive is indeed the only qualification for recovery. Being alive is also the only qualification for feeling gratitude, getting angry or falling in love. Being alive is what it's all about.

We thank our contributors for their stories and Ogy for taking the time to talk with us. We also thank the many harm reduction workers and advocates who dedicate their careers to create a more humane world.

Edita

# Pill testing in Port Phillip

Ogy Simic, member of the Australian Greens, is a councillor at the City of Port Phillip. He was crucial in getting his council to vote in favour of pill testing in early 2017. Ogy was born in Sarajevo, former Yugoslavia. While he was still at preschool age in the early '90s, civil war broke out in his homeland and he became a refugee together with his mother and two brothers. His father stayed behind and was killed very soon into the war. Ogy's family lived as refugees in Europe for a few years, and eventually, as Ogy says, were lucky to come to Australia, where they could complete their education. Ogy completed a Bachelor of Law and Bachelor of International Relations.



APSU: How did you decide to get into politics?

Ogy: The issues around identity had changed a lot and people who were already on the fringes of society were being pushed out. The disparity between the rich and the poor was growing, and I wanted to be involved in advocating for people who find themselves in difficult circumstances. So I became more politically involved and realised that the Australian Greens' policies aligned with my own values. Both the Liberal and Labour parties have a very cruel attitude towards the way we should treat refugees, and as a result we've set up detention centres in foreign countries, which mistreat people, women, children, and cause unexplainable mental harms to people. So that's why I became involved with the Greens. I had always been very active in the community and had been involved with the council. Local council is the closest to the community, and consequently offers the best opportunity to advocate on behalf of your local community. I was very fortunate to be able to put myself forward for local government and to be elected at the last local council election. It's been a big learning curve to see what opportunities exist to make a difference.

APSU: Back at the beginning of 2017 Port Phillip Council voted in favour of pill testing. Can you tell us about that process?

Ogy: When it comes to pill testing, and harm reduction more broadly, the Greens have been very consistent at all levels of government in supporting an evidence-based approach. And that's what we try to do in Port Phillip as well. Councillor Dick Gross and I brought the motion together. It was driven by evidence, the fact that the City of Port Phillip has the second highest rate in Victoria for ambulance attendances for drug and alcohol issues. We have an active live music culture here and also quite a number of people who are experiencing hardship. We've got the second highest homelessness population in Victoria. So we looked at evidence-based approaches and other models, in particular the model of the Netherlands, where we can see quite incredible results from the actual pill testing trials that have happened there with really successful outcomes. And at that time, we were going through the festival season, and every year, year and year again, more and more young people get injured or die from drug overdoses, so we

saw an opportunity to advocate for an evidence –based harm reduction approach on behalf of the community. City of Port Phillip has a municipal public health and wellbeing plan, which is a statutory requirement. And that responsibility means that we have to inform ourselves, looking at all different models, seeing what works, and then to advocate for those models. That's how it all happened. We were very happy and impressed with the response we had from the

The City of Port Phillip has the second highest rates in Victoria for ambulance attendances for drug and alcohol issues.

community. I had people contacting me by email and phone just to say thank you for supporting the community. Many young people felt that for a long time this issue hadn't been talked about in the right way and thought that was the right approach for the council to be taking.

APSU: What does the council's vote in favour of pill testing mean in practice?

Ogy: Now it sits with the State Government, which applies state-wide change. But what we did is say to the State Government that if they are ready to do the trial, we can do one here in the City of Port Phillip. That we'll work with the State Government and with the police to facilitate a safe trial, that's measured and evaluated.

APSU: So you pushed it onto the political agenda for the Government.

Ogy: Yes, we definitely put it on the Government's agenda. It's already something that the Greens have been pushing for at a federal and state level. Richard Di Natale, the Greens leader, travelled to Portugal to look at their model and came back to Australia talking about the need for us to reform our approach to drug and alcohol services and around issues like pill testing. You can look at the other models that you see globally but you still don't know what will work in the Australian context until you try it. So that's really what we are hoping to facilitate in Port Phillip. Evaluation of the Austrian pill testing

project Checkit! showed that two thirds of people changed their behaviour as a result of having their pills tested, so they decided not to take the drug and to warn their friends.

A number of experts also came to talk to the Port Phillip councillors about their views, as there is a huge number of public health experts who have been working strenuously to ensure that this issue remains on the political agenda. It has been disappointing that the State Government has not accepted our offer. When we wrote to the State Government, they wrote back talking about the dangers associated with pill testing, which were inaccurate. They also presented other inaccurate information promoting other methods, for example using sniffer dogs, and instead of taking us up on the offer to do the pill testing trial, they had sniffer dogs here in the City of Port Phillip, which we know is a dangerous way of approaching the issue. We've seen across Australia young people have died for exactly that reason, they saw the police with the sniffer dogs and took all the drugs they had with them.

Evaluation of the Austrian pill testing project Checkit! showed that two thirds of people changed their behaviour as a result of having their pills tested.

APSU: Both the Labour State Government and the Liberal Federal Government, which are supposed to be in opposition to each other, are also strongly in opposition to the evidence-based harm reduction initiatives. Why do you think that is?

Ogy: I think the Government isn't listening to the experts and has a tough on crime mentality, which they think is popular within the community, but as a result they are ignoring what the experts are saying and it is sad to see. I do think there is an unwillingness to listen to the experts and a push by politicians to do

what they think is politically expedient, as opposed to politically right.

APSU: These are evidence-based approaches and, as you mentioned earlier, when people test the pill, they are going to think more about whether they take it or not. It's a very strange attitude.

Ogy: In the Netherlands they have also found other benefits from pill testing. For example, it takes up to 40-45 minutes for the pill to be tested, and in that time you have the opportunity to educate and speak directly with the people who take the drugs, so that's a great opportunity to do drug education. They were also able to record impurities and create a database of impurities that exist, and be able to warn people against dodgy drugs, so those things can also prevent deaths from happening. There are certainly many benefits from taking that evidence-based approach.

APSU: Obviously you are a great advocate for harm reduction. Why would you say that harm reduction is important if you were able to say it in a few words?

Ogy: We know that there are things that work and there are things that don't work. When we talk about drug and alcohol dependency, mental health issues or people experiencing homelessness, we're talking about people who are incredibly vulnerable and often don't have a strong voice in the community to advocate on their own behalf. So it is our responsibility as a community to do what we know works to make sure that those people are looked after. I think it is really as simple as that. We can continue to do things that we know impact on people's lives negatively, further ostracise them and further push them into the brinks of society, or we can do what we know works to bring people back and support them or look after them as much as possible. I think it's very difficult to make an argument against an evidence-based approach.

APSU: Yes, but they are continuously making it in the mainstream.

Ogy: It is interesting to see how many people in the community support pill testing, particularly in the city of Port Phillip. We have an incredibly progressive, clear-thinking community. It is troubling to see that there is such a disconnect between the Government and what people are actually calling for.

APSU: It seems that more recently local governments are pushing for more progressive policies, like in the case of Yarra and Darebin's campaign to change the date of Australia Day, and Port Phillip with the pill testing. Is there a reason for that and is that a new trend with the local councils taking on an activist role?

Ogy: We have had more Greens elected to each of those electorates. Inner city councils in Victoria have quite a few Greens promoting progressive agendas, but the city of Port Phillip has a very long history and prides itself on being socially progressive. That's



certainly something that attracted me to be part of this organisation and something our local community is very proud of. We have quite a number of incredible services working in the area, and incredible organizations like the Port Phillip Housing Association. It is providing housing and social housing for our community, but started as a relationship

between council and the local organisations, and that good relationship grew into a significant service provider in Victoria, and certainly a model that the rest of the country looks to. We are definitely a progressive community here and I think it makes a difference having Greens elected at all levels of Government, because you see more progressive issues talked about and more progressive agendas coming to the mainstream.

APSU: How do you see the future of drug related policies in Australia and internationally?

Ogy: I think that the governments will eventually catch up and adopt an evidence-based approach. The State and Federal Governments really need to listen to the community and take on a well-documented, evidence-based approach to drug and alcohol services.

APSU: Worldwide there is a push for decriminalisation or legalisation, maybe as a result of the Portugal model that evidently works very well. Do you think that could become a reality?

We can continue to do things that we know impact on people's lives negatively, or we can do what we know works to bring people back and support them as much as possible.

Ogy: It's hard to say. I certainly hope that we can have an open and well balanced discussion. I'm disappointed with the lack of engagement in the State Government when we brought this issue that we saw as important and wanted to advocate for. That's been disappointing. But I do think that eventually the governments will catch up. At the moment there is a big disconnect between what the community wants and what the State and Federal Governments are offering, but I think the Greens are leading the way in this space. You only have to look at Labor's recent decision to support our and the community's push for a safe injecting room in Richmond to see that they are

being forced to listen. I certainly hope that we can look at all the different models and what has worked and think about how to apply those models to an Australian context.

APSU: Is there anything else that you would like to say to the APSU community?

Ogy: I'm glad that we are having this conversation so that we can help combat the stigma around drug and alcohol addiction, and work directly with service providers and with people affected towards solutions that would benefit the community. Very often people with lived experience are the ones who have the expertise, and it does make a big difference if they speak up and make sure they are advocating for what they want. Quite often you can feel disenfranchised or daunted by how the political system works, but unless we are all speaking up on behalf of our community we can't expect the Government to listen. So I encourage everyone to be as involved as possible, so that we can see change for the benefit of our community.

You can follow Ogy on Facebook at https://www.facebook.com/ogy.simic or you can contact him at ogy.simic@portphillip.vic.gov.au

## Clean fits

This story goes back 25 years, to a time when only a few select chemists sold syringes at a cost of \$5 for a packet of 3 syringes, a vial of water and a swab, all put together in a neat brown paper bag.

There was a chemist I used to get my fits from in Balaclava, but this one particular night I had to wait for my dealer (as he was playing God) and I missed the chemist by 10 minutes. My mate and I begged the chemist to give us a pack, but to no avail. So we rang around all our drug associates looking for a clean fit, but alas! everyone either only had dirtys or were keeping their fresh ones, as they were not always easy to get.

We finally ended up at the Frankston Hospital, where I begged a doctor for clean syringes. I told him I was a heroin addict, but in truth I was a speed freak. This is when AIDS was first around, so I also told him I did not want to use a dirty for fear of AIDS. My mate and I could not stand the thought of snorting or dropping the speed, as it was too good to waste, so we decided to wait till first thing in the morning, when we would go to the chemist

It was 3am by this stage. We pulled into a servo and saw some women in a car near the entrance to the shop and my mate yelled out "you wouldn't happen to have a clean fit?". As it turns out, they did and we were happy again.

The point of this story is that we were aware enough to not use dirty fits. Unfortunately, most users, especially heroin users, can't go that long without a hit. I am so pleased to see that things have changed and that addicts today have MUCH greater access to equipment, and more so to the medical professionals, to make sure they don't contract a blood borne virus or die from their using.



John

# It could be a different story with a different ending

In 2008 my partner and best friend died of a suicide via overdose. He was sober when I met him and a year into our relationship everything seemed to be going pretty well. He had a full time job, we had a flat we shared and we went on regular holidays to the beach, because he loved surfing.

It all went downhill when he had a court date from a previous incident that occurred over 12 months earlier. The magistrate stated that he wanted to 'set an example' and sentenced my partner to a loss of licence for 4 years, weekly community service and weekly check-ins with law enforcement. This was all for being found driving under the influence of opioids on multiple occasions.

This loss of licence soon resulted in my partner losing his employment, and then we lost our apartment. He was unable to get away and go surfing, and the strict check-ins made things worse. He had an incident with his community service where a person on his work team threatened him and tried to force him to hide alcohol and he dreaded going.

He started to become filled with a sense of hopelessness and often stated that he would never be able to 'come back from his past'. He felt that he could not talk to anyone or get help, as his family stigmatised addiction. He tried to see a psychologist, but on the first appointment this professional made really negative comments about addicts and his choices, and he never went back. He started lapsing when he could not cope. The weight of all this when we were so young was very heavy, and we began fighting a lot. He broke down and said he desperately wanted help, but we did not know where to go.

A month later we had an argument and I left to stay with my mum for a few days. On the fourth day I got a phone call that he was found dead in a public bathroom. That was my best friend, my beautiful, funny, loving partner, who made my lunch for university and hid love notes in there, who always made other people feel special and this was his end.

I have since lost more dear friends to overdose and I strongly believe it does not have to end like this. I believe if we had policy which prioritised addiction as a health issue and tried to minimise the harm of drugs, rather than criminalising and stigmatising vulnerable people, it could be a different story with a different ending.

There is extensive evidence that shows policies which focus on education, prevention, treatment free from stigma and projects that reduce the harms of substance use work. They work in decreasing harm and death to individuals using, in decreasing crime rates and harm to community, they work in increasing the amount of people who get help and how many of those people achieve recovery.

Currently the government model spends only 2.2% of the 1.7billion drugs budget on harm reduction despite a huge body of evidence reflecting its effectiveness (www.theguardian.com/society/2017/sep/28).

Every day the policy makers reject great policies like pill testing, safe injecting sites, diversion programs for substance use related incidents, and instead implement punitive policies. Policies such as drug testing of welfare recipients and giving criminal records to people found with even trace amounts of substances while driving, push people further out of society and affect their ability to recover. Addiction is a health issue which affects vulnerable people and it is time that we do what works, which is prioritising harm reduction.

Anonymous



by Scenic Shores

Some people grow old gracefully. While others may bear a grudge, Discarding youth distastefully, Stubborn, unwilling to budge, But welcome the golden years. In them you have a friend. To counsel and calm the fears. Of meeting with your end, There are those scared of death. And i used to be one. But I'll breathe my final breath, When my race is run, Until that time however. There is much to be said. As such could live forever. And not be buried with the dead. I'm not a coffin dodger, Merely clearly loving life, The thought of being an ole codger, Doesn't conjure any strife, That belongs to the young. Without much care or qualm, However whose hopes are huna. On many a cherished charm. Instead of living a lie. Which most of us abhor. Searching for reasons why, Before knocking at death's door. So make peace with your past, Embrace the aift that's now. One thing's sure, today will last, Though I couldn't tell you how, I'm far from being wise. But of life I am learning. Before I meet my demise. I'll continue to be vearning. For the fortune of favour. That we all desire and crave, Striving to seek and sayour. Dictates the way we behave. And as the years pass us by, We must move with the times. Seeing more than meets the eye, And forgive ourselves our crimes.

## Harm Reduction Victoria

I feel so honoured and blessed to still be here to tell my story about how Harm Reduction Victoria saved my life a few years ago.

Jane from HRV is part of the reason I'm still here today. I had my own personal experience a few years ago when I was in the depths of despair due to being in long-term full-blown drug addiction.

I was very happy to meet Jane in person last winter at APSU's Peer Helper Training. She was delivering the session on harm reduction and, while sitting in the training room with the other participants and following her presentation, I recognised that voice. Suddenly it all came back to me and I was overcome by an enormous sense of gratitude.



At that time my addiction was rapidly killing me and I had become aware of it. Due to my long term intravenous drug use for almost 20 years, I noticed my veins were starting to collapse. Using this way was becoming extremely difficult and more painful and torturous. I noticed my arms were beginning to clot frequently, which turned into abscesses, which had become sceptic, and I never would have realised this if I didn't make the call to Jane at HRV.

It was one of the most traumatic things I had to do, and with all the guilt and shame I carried for being an intravenous drug user. I was an isolated user, always alone and praying that each next time I used would be my last. So I picked up the phone as a last resort and made a call to the only people I felt I could trust with such damaging information about myself. Jane from HRV took my call and showed nothing but compassion, complete lack of judgement, genuine concern, gentle, caring, beautiful and kind nature, and told me she thought it would be advisable to go to the hospital. That same day, following her advice, I went into surgery, which saved my life.

This is why I have the utmost respect and love for HRV to this day and highly recommend to anybody who needs help to please reach out to them.

Thank you for taking the time to read this article.

# Safe Injecting Room

It has been a long and weary path of addiction for my son, and of course for us as family members watching someone we love go to the most horrible of places to use his drug. Many times I have watched him leave and just know where he is headed and there was nothing I could do about it. I would try to stop him, but after many years on this road I knew that I had no hope of restraining or convincing him not to go.



I knew that he was going to buy his drugs from a dealer in the flats, and get a needle from the NSP in the area. At least he mostly wasn't using a dirty needle. Thank God for the Needle and Syringe Program! At least that lessened the chance of some other health issues occurring.

I knew that as soon as he got the drug he would be anxious to use it straight away, so he would go behind a parked car or in a little lane behind the shops. Always on his own. Sometimes I would be so worried that I may never see him alive again. What if he used too much? What if it was stronger than he was used to? His best mate died from heroin overdose on his

own. All these thoughts in my head about him dying in the street, lying in a gutter, with no one to help him... It was killing us to live like this.

I heard about the Safe Injecting Room proposal and the success in NSW. I heard that it has been running for 16 years and no one has died. As far as I could see this was the obvious action to take. Why wouldn't we have something like this here? If there is a safe space for people to use their drug. They are given the items required to use, and there is a cubicle so they have privacy. If they do accidently overdose, there is someone there to help them.

I went to the rally a few weeks ago in Richmond in favour of the Safe Injecting Room. I think there were about 600 people there. I saw the local business people there with their banners up. In fact, they too were in favour of the Safe Injecting Room, but were worried

it would be near or next to their business. This is apparently not an option. I believe there would be an appropriate place found for this to be set up.

The rally started walking down Victoria Street and ended up in the hub where there is the wall with names of people who had died from overdose in the area. The speakers were amazing. They consisted of residents who live in the area. They see these people on a daily basis and they get to know them. They mentioned how sad they feel when they come across someone passed out in the laneway or flaked out on the ground where they could be run over. The residents, from what I saw and heard, were absolutely begging for the room to be set up.

A mother stood up with a huge photo of her son who was in his 20's. Her family had received the most dreaded phone call. Her son had passed away in a side alley not far from where we were standing. To hear this mum speak with the heartache that will



never be repaired was compelling, and we were in tears for her and her family and every other family who had lost someone.

I have since heard that the police are in favour of the Safe Injecting Room trial, as well as judges and also the ambulance are all in favour.

Glenda



# Alone with the beast!

by Anonymous

Sittin' alone, the "committee" at full charge
Monkey waitin' to appear larger than large
Stereo cranked up – Status Quo not loud enough
To drown out the voices of this user's lust
Fearful of what awaits me, what lays ahead?
As the old saying goes – I made my bed.
Time for hospital corners, new satin sheets
Now alone with my thoughts – alone with the beast!

## Choices

Once I peel away the outer thickest layer that keeps me trapped in my poor and impulsive habits, then I gain a little more ability to make my own choices. I can choose to smoke a joint or two a day, instead of shooting H. I can choose to roll a skinny baccy instead of inhaling poison through synthetic filter. I will speak to my neighbours if they're kind and friendly, and I will call my family if they care. Maybe I can enrol in a course, like study or something creative like art or music. I do this for my joy and growth. I need to learn about the world I need to join. The world that I avoid all the while I'm in the underworld. I need to learn to talk a little at a time with people, non-drug using people. I need to be known by them, but only as much as I feel safe giving.

Saying goodbye to the downward spiral is hard; goodbye, to all the people, places and things. I need them, they reach out to me. I cry out at them, but I must go, because I'm dying and I want to live. Follow me...

Having a shot every two days is better than having 3 or 4 every day. Using at home quietly and in private, if you can, is better than shooting in the back lanes. Keeping your drug use to yourself and a few close people is better than having the whole world know about it. Trying your best to eat healthy food, like fruit and veggies, and some protein, like beans or meat, some type of calcium, like milk or cheese, and lots of fresh water; helps the body to recover a little from the toxins we put in it when we use. Sleep enough and go down early cause we need the lunar flow to whet us in restfulness. Rent a room. share a house, stay with someone; ask for help. Take in kindness, but avoid deceitful and obnoxious people cause, as someone once said, they are a vexation to our spirit. They ooze their ill ease all over us, they talk black flies and garbage.



Shed your armour, that heavy burden that you wear. Reach the tender pinkness underneath, but swathe yourself with barriers of good things and love.

# Meet Emma, APSU's new team member

### Tea or coffee?

Tea, especially at the moment because I am prioritising health.

### What is your favourite book?

I cannot choose an all-time favourite, there are just too many. However, I read a great book last year: "The Power" by Naomi Alderman, which really made me think.

What is your spirit animal? An elephant, I think.

What is your favourite colour? Turquoise

What is your favourite movie?

Again, there are so many, but I loved "Short Term 12" more recently.



Emma Rafferty, Systemic Advocacy Lead at

What super power would you choose to have?

To transport myself anywhere, so that I could visit my sister and friends overseas and check in on my daughter any time.

Who is your role model?

My mum and my yoga teacher really inspire me.

What music do you listen to when you feel happy?

Reggae, I love all reggae music.

If your biography was to be published 30 years from now, what title would you like it to have?

"She Persisted" or something like that.

## What do you think about harm reduction?

I think that it saves lives and changes lives and it could not be more important. I have lost too many people to overdoses and have known too many people who have been pushed out of society and any hopes of recovery due to punitive drug policies that criminalise a health issue and disempower already vulnerable people. I feel that prioritising harm reduction and using an evidence-based approach for drug and alcohol polices is a very overdue approach. Harm reduction is increasingly being prioritised around the world and it makes no sense to me why Australia has not given more priority to this approach at this stage. It is a more effective approach in every way.



140 Grange Road, Carnegie VIC 3163 Ph; 03 9573 1736 Fax; 03 9572 3498 Email: apsu@sharc.org.au www.apsuonline.org.au



APSU believes that people who use alcohol and other drug treatment services are the reason the system exists; their needs, strengths and expertise should drive the system. APSU is run by service users for service users and has an active member base. We invite you to join us in having a say. APSU membership is free, confidential and open to anyone interested in voicing their opinions and ideas on the issues facing AOD service users today. We need your help to give us all a fair go. To become a member please fill out the form below and post to: 140 Grange Road, Carnegie VIC 3163 or fax to: 03 9572 3498 or go to: www. apsuonline.org.au to register online.

## MEMBERSHIP APPLICATION

I wish to become a member of APSU. I understand that by becoming a member of APSU I will:

* Receive the quarterty Arso FLIrsibe magazine					
Be sent info	rmation on how to become	involved			
I am a:	☐ Service user [	Service provider	☐ Family	member	☐ Other
How did you find out about APSU?					
Language spok	ken at home:				
Cultural identi	ity:				
Age:	□16-25 □25-35	□36-45	□46-65	□over 6	5
Other issues:	Physical disability	☐ Mental health	☐ Visual	☐ Hearing	
	☐ Speech ☐ Acquire	d brain injury			
Name:					
Address:					
City/Suburb:_	Postcode:				
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