

TRACKS

Illicit drug users
magazine

Issue 22
2018



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- DRUGS, DV AND ME
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ISSUE 22



Not for general distribution. This is a restricted publication available only through needle and syringe programs. It is strictly for illicit drug users only. QuHN neither condones nor accepts illicit drug use but seeks to minimise the harm that can arise from illicit drug use, in line with Australia's public health strategy.

The TRACKS COMMITTEE's mission is to educate, support and empower people who choose to use or inject, currently illicit and prescription substances. With this goal in mind the committee researches the latest information relevant to illicit and prescription drugs, their use and possible harms related to their use. In our quest to fulfil our mission we network closely with our sister orgs from other states, as well as with local relevant stakeholders. Often we will duplicate articles from these orgs and stakeholders and we are grateful for their generous sharing of information. All articles submitted to or accessed by the committee that make it to the final TRACKS draft will be credited to the author and their organisation. With thanks to our drug war allies, those who join forces to resist and reduce all harm associated with drugs and their use.

- QuHNN's brothers in arms, the Australian drug user organisation network.
- AIVL (Australian Injecting and Illicit drug user's league)
- Peak national drug users organization.
- QuVAA (Queensland Injectors Voice for Advocacy & Action)
- NUAA (NSW Users and Aids Association)
- WASUA (West Australian Substance Users Association)
- HRVIC (Harm Reduction Victoria)
- NTAHC (Northern Territory AIDS and Hepatitis Council)
- CAHMA (Canberra Alliance for Harm Minimisation and Advocacy)
- TUHSL (Tasmanian Users Health & Support League)
- CNP (Peer Projects – Hepatitis S.Aust)

Disclaimer: Our articles aren't for every reader, sometimes the language may unintentionally offend. Please understand that some articles may include words that the TRACKS Committee members themselves are reluctant to print. When deciding whether to print or not to print the committee's final decision rests with the author's intent.

FROM THE EDITORIAL TEAM

Welcome readers,

Before I dig into issue 22 “Our Community” please take a moment to flick back through the album of your life. Who is in your photos? Which places stand out? How did they lead you into the now, reading TRACKS, as we head into 2018?

Is there much you would change? Would you choose differently if the same choices were to present themselves today? Are you reading this on a train? At a QUIHN office? Another service? Home? Waiting in a car to score? At the pub, waiting to score. Are you considering the seeds of change? Are you contemplating accessing counselling, or support groups or commencing treatment for Hepatitis C, to support this change?

Do you feel OK being you right now?

Wherever you're at, I'm pretty sure I've been there.

Now close your eyes, touch the earth if possible, and say out loud, or whisper to yourself “I AM ENOUGH”. It doesn't matter if you don't feel it, just say it. I never believed I was enough, but I said it anyway, because I had nothing else on which to hang my hope.

Looking back, it turns out I was enough, I AM ENOUGH. Occasionally my enoughness needs diluting, some would say.

As you review the album of your life, I'm sure you'll find you also have always been enough; so it must follow, you always will be.

This time of the year is the most giving for many, but the most taking for many others. If you feel under the hammer (no pun intended) these holidays, remember the only constant in life is change, all things pass, good and bad. This time next year you could be somewhere else entirely, or not, it's up to you, because YOU ARE ENOUGH, no matter your choices.

In the meantime, welcome to issue 22 “OUR COMMUNITY”

Inside you'll find –

- A Hepatitis B update from Hepatitis QLD
 - A current snap shot of HIV in QLD
 - An introduction to the new UNISHARP fits.
 - QuiHN Townsville “on foot”
 - Many client contributions
 - A word quiz
 - The Treatment & Management Program (TMP, formerly known as TIDE) so far, so good
 - Hep C treatment Stats that will awe you, not bore you
 - One reader's experience of domestic violence and drug use; understanding another reason women keep going back
 - “Our town”, a plea from the TRACKS committee to support each other and the rights of our community
 - Do you need “better access”? QuiHN agrees
- Here's cheers TRACKETEERS, to an enjoyable read, and a peaceful holiday break.

Please remember to share your drugs with a friend, that's drugs, not equipment, not baggies, not spoons, filters, or tournes; just the drugs.

In this way, you will reduce your chances of overdosing, but if you do overdose you'll be in the company of a friend who owes you; that's always nice to know.

The TRACKS committee



TRACKS

Illicit drug users magazine

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QuiHN'S VISION

An affirming holistic response to the health and well being of illicit drug users in Queensland.

QuiHN'S FOCUS

The primary focus of QuiHN Treatment Services is to empower individuals to establish control over their lives through emphasising individual's values, personal decision-making and goal setting. The philosophy underlying QuiHN Treatment Services is one of harm reduction and holistic well being with a focus on safety.

QuiHN'S PURPOSE

Identify, articulate and respond to the health needs and well being of illicit drug users by challenging perceptions relating to illicit drug use, providing client services statewide, and by linking, partnering, and connecting, with individuals, families, communities, business and government.

Counselling services provide a range of strategies for people wanting to reduce or cease their drug use, including psychosocial education and process, and recreational groups offering support for people contemplating, making, or sustaining changes to drug use.

Training and education are provided to clients, professionals and the wider community in regard to illicit drug use, through peer education, outreach, group education and staff training. Information and resources are provided through QuiHN's website, brochures, magazines and NSPs.

TREATMENT & SUPPORT SERVICES

QuiHN offers a range of counselling

and support services from our Brisbane, Cairns, Gold Coast and Sunshine Coast offices. Individual (Dual Diagnosis) Counselling Services are tailored to meet your needs. QuiHN Treatment Services also provide a range of psychosocial educational group programs providing support and skill building for anyone experiencing the negative effects of drug use and mental health problems (Dual Diagnosis).

WE WANT YOUR FEEDBACK

We welcome feedback to this magazine, QuiHN's other publications, website and services. Your comments help us to improve our resources, information and services. Feedback can be provided in writing, by phone or email.

This publication does not necessarily reflect the views of Queensland Injectors Health Network (QuiHN). QuiHN chooses not to judge those who use illicit drugs, but welcomes contributions which reflect opinions and issues of those who have used, or are still currently using illicit drugs. It is not the intention of this publication, or QuiHN, to encourage people to use illicit drugs or engage in criminal activities, but to reduce harms caused by illicit drug use. The editorial panel reserves the right to edit material submitted, and will not be held responsible for the accuracy, or otherwise, of information in this publication. No responsibility will be taken by QuiHN for harm people encountered following actions taken upon reading the contents of this publication. This publication is not intended for general distribution – its target group is those who use, or have used illicit drugs.

QuiHN is the Queensland member organisation of the Australian Injecting & Illicit Drug User's League (AIVL).

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UNISHARPS & QUIZ

DRUGS, DV AND ME.

Hospitals are creepy places. I reckon they're even creepier at night, ESPECIALLY late at night. However, that isn't what I was thinking this night at 11.30pm, while sitting in my car facing a well-known, nameless medical institution.

My adrenaline was pumping, and my mind was racing. The reality of what I had been in denial about for the last 6 months was now, well, undeniable. The evidence toppled like dominoes in my mind. As I tried in vain to catch them, I knocked down even more central, more painful dominoes, releasing a cascade of vivid memories of crazy making psychological, and emotional abuses. The mental pain was intolerable. My heart in my throat was suffocating.

"Fuck you, you fucking asshole" I whispered to no one.

I concentrated on breathing in and out, in and out, like I was taught in yoga, until I could hear my breath clearly swooshing passed my eardrums. This was a relief because I couldn't feel my heart beating, maybe because it was broken beyond repair. I wondered vaguely if this was anxiety or maybe the earliest signs of a heart attack. I didn't fear either of these possibilities, just mildly observed them.

I was psyching myself up, slapping myself on the back. 'Come on, you can do it, you HAVE to do it, for abused women past, present and future, everywhere. Just walk in those eerie double doors, straight up to the first admin desk or nurse or doctor, whoever, and SPIT IT OUT!'

"I need a toxicology report please"

I scanned my memory, experiences and knowledge for clues to how medical staff might initially respond.

Nurse: "really sweetheart, why is that?"

Me: 'I believe my partner/ex/head fuck has been drugging me.

Nurse: "Really? What with?"

Me: "Seroquel. Lyrica, Xanax, I don't know, that's why I'm here."

Nurse: "How do you know he even has access to those drugs? Why would he want to drug you?"

Me: "So I would stay put while he is fucking his girlfriend. Look you should really test me soon. Seroquel can only be detected in your system for 2 hours". I only knew this because he had taken great pleasure in telling me, once I told him of my plans to get a toxicology report.

Nurse: "Things just don't work like that, it's not that simple. There is a proper process to follow, I mean this is a huge claim; how can you be certain? IF this is true, it's domestic violence. IF that's the case, why don't you just leave him?"

Otherwise you must first report it to police, then THEY will request a toxicology report."

I rang the police once, after my ex smashed up my house. They came and arrested me for a bong in my son's room. They gave my abuser his back pack and told him good naturedly to go away until he had cooled down for a bit. Then later, he was bailed to my house, without anyone asking me; and that was when the drugging started. The worst of my abuse was bestowed on me by our "justice" system.

Call the cops? Probably not.

Nurse: "How do you think he's been drugging you? In your coffee or porridge maybe.?"

Maybe you forgot you took a little something yourself? That's understandable."

Me: "NO, I know he's been injecting me with something"

Nurse: "Injecting you without your knowledge? How is that even possible?"

Me: "Well no, I let him, he was meant to be helping me"

Nurse: "I beg your pardon? You let him inject you?"

Me: "Well of course I didn't let him inject me with anti-psyche drugs, or benzos, or anything like that; I thought it was rock."

Nurse: "Rock?"

Me: "Amphetamines, ICE, rock; you don't crash out for 10 hours, then wake up groggy, as if I've been on the piss all night, EVEN when the rock is at its most crappy; but this is far from my only evidence.

Here I imagined her whole demeanour change right in front of me.

Nurse: "Right then, wait right here, DON'T MOVE! I must confer with my superiors. I will return shortly with a psychiatrist and a complimentary 3-night stay in the psyche ward. A straightjacket, will be provided, but must be returned afterwards for re-use. Meals and meds are free."

I wondered vaguely if the meds they might give me would include, Xanax, Seroquel and Lyrica. The irony amuses the hell out of me, but not in a 'laugh a minute' kind of way. Finding humour in situations that are 'anything but funny', can sometimes keep one alive.

So, what did I do?

After considering many solutions to the same situation, I did nothing. I drove away quietly, to become one with a fear filled night, back to the conceited abuse of my tormenter. I decided the damage caused by a night of being stigmatized and discriminated against, to be equal with being drugged in the first place, worse in fact.

Disclosing I choose to inject illicit substances seemingly negates my right to safety, as if through my own lifestyle choices, I've brought the abuse on myself. Karma no doubt.

My mum said: "What do you expect when you hang around people who inject drugs?"

Thereby removing a fundamental safety net.

If I'm candid about my drug use, I will not be welcome at any woman's refuge/shelter.

"We have to consider the safety of others", another safety net gone.

If I disclose my drug use status, I will not be offered public housing, no matter how urgent my need.

The support of yet another safety net gone.

My truth refutes my right to be heard.

"IF this is true, it's domestic violence"

My sister once told me the most powerful words a victim of domestic violence can hear are "I believe you", she was right.

However, divulging my drug use status undermines my credibility; I will be regarded as sadly lacking intelligence.

"Are you sure? Maybe you took a little something yourself, but don't remember?"

Because I choose to inject my drugs, I couldn't possibly remember what they were, right?

Even the most well-meaning, non-judgmental support workers seem to be more interested in encouraging

survivors of domestic violence to achieve abstinence, rather than freedom, inexplicably tying them together, as if you can't have one without the other.

If I'm honest about my lifestyle choices, my right to feel safe is at risk.

My reason for writing this, isn't to shine a spotlight on the culture of domestic violence, and the faults in its prevention strategies, because quite frankly no light is big enough, and bullies cast their own shadows.

I wrote this to highlight, that the chaos that follows a down trodden woman as she scrambles to survive, is mind splitting. Engaging in this process as a woman who injects drugs, is body, mind and soul destroying. Her personal choice to inject or ingest drugs, licit or illicit, shouldn't be included when weighing her worth, yet it is.

Her lifestyle choices shouldn't dilute the protection she has a right to expect from her community, against her antagonist, yet it does.

Systematic abuse is real, and if you choose to inject or ingest illicit drugs, it's not only endorsed, it's encouraged.

I wrote this because we are finally talking about domestic violence. We are talking about how to better support abused women to escape their crazy making partners.

We could start by removing unrealistic conditions that women in abusive situations, who choose to inject drugs, are expected to adhere to. This will see survivors take back their liberty, and make for a more enhanced and enhancing society.

Why are we so scared of evolving?

Current drug legislations keep women in toxic, violent, co-dependant "relationships". If you are totally addicted to something, and your abuser deals out that something to you at his whim, you are living a nightmare from which there are little to no options for escape. Women return to their tormentors willingly, time and again, as their physical need over-rides all common sense and instincts of self-preservation.

Your abuser will always be waiting at the door, smiling smugly, because he knew you'd be back.

These are the women who, too often fatally overdose, committing suicide, the verdict being 'because they used drugs' rather than 'they were escaping profound abuse by profound means'

If reducing DV deaths is on your agenda, then changing current illicit substance legislations is the obvious place to start.

Below are some suggestions if you are seeking support and/or information, for you, a friend, or family member.

By phone:

- Woman's link – 1800 811 811
- Men's link – 1800 600 636
- Sexual assault – 1800 010 120
- Pets in crisis – 1800 811 811

By App:

- PENDA, download for various tips from finance to safety. PENDA has several little tricks, it is quick to exit and doesn't appear as a DV app.

By Web:

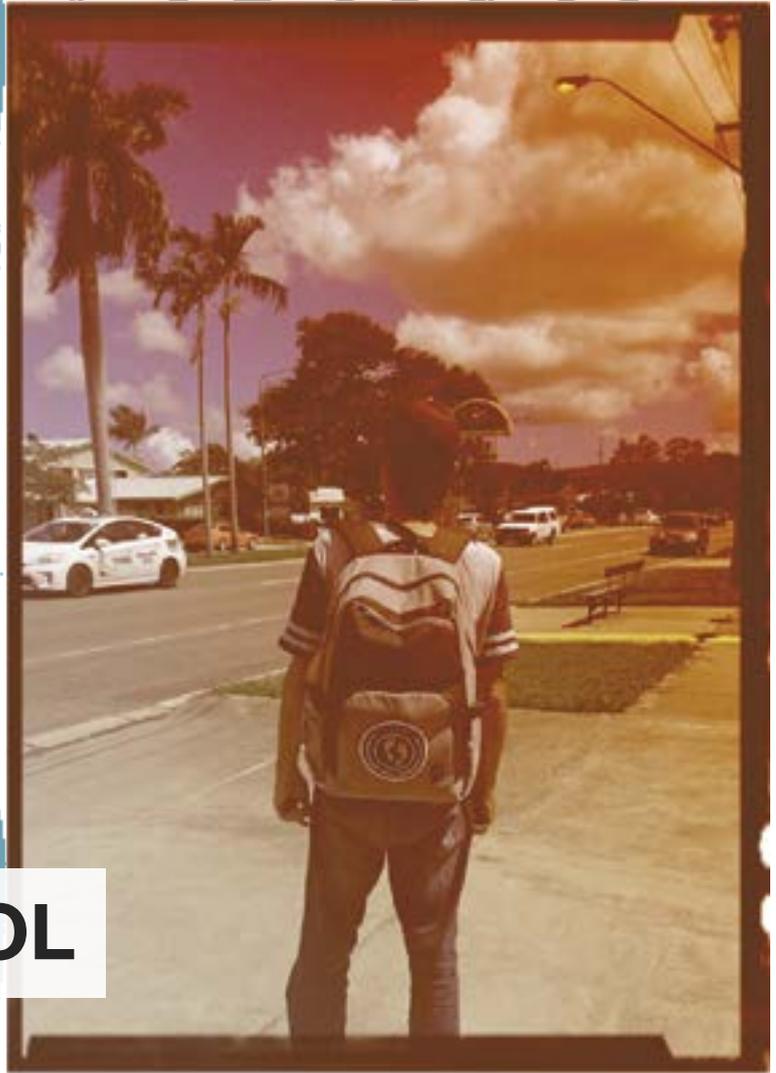
- www.dvconnect.org/
- www.psychopathfree.com/

Written by Anonymous – with the help of a TRACKS committee member

**I WAS
PSYCHING
MYSELF UP,
slapping myself
on the back.
Come on, you can do
it, you HAVE to do it.**

If you have something to say, a story to tell, but not sure where to start, let us help you. Just ask one of QulHN's harm reduction workers for more info.

FOOT PATROL



This is our new Foot Patrol Logo. We have recently begun to hit the streets of Townsville. Two Harm Reduction Workers, all we carry are backpacks and a passion for harm reduction and our community.

This is part of a mix of local strategies to reach and increase the access to people who inject drugs. People that may not have been in previous contact with or were unwilling or unable to attend other services.

Much more than an NSP, foot patrol takes responsibility for the wider community, we scour lane ways, storm water drains and garden beds looking for used equipment.

We speak to everybody! We gather all sorts of information about what is happening in our community and we go where there is a need.

Like all QuIHN services our programs and activities are aimed at reducing Blood Borne Virus (BBV) and sexually transmissible infections (STI) among people who inject drugs.

FOOT PATROL

Mobile Needle and Syringe Program (NSP)

0437 789 894 – Call for times and locations

*Completely confidential and private
Police are not notified or involved*

QuIHN IS LOCATED AT
47 Thuringowa Drive Kirwan 4817

We work in twos always and have amazing volunteers who make this possible.

In our backpacks, we carry 1mls, 3ml barrels and options of tips, all the usual bits and bobs, swabs, bins and filters.

We carry condoms and lube, local service, drug and BBV information. But most of all we offer non-judgemental compassion and dignity to our clients.

We hand out flyers while out on foot patrol and are trying to get our logo recognised.

We are very discreet and in a regional town where everyone knows everyone and stigma and discrimination for people who use drugs is a very real barrier to people accessing services. We are very mindful of privacy and confidentiality.

We cover various suburbs, including the CBD area and we walk around and opportunistically engage with people.

Otherwise, people can call our phone number and we arrange a time to drop off.

While people don't have to give their name, and they are never asked, we are finding many do. We are slowly building a community where trust is building and it is an awesome and rewarding time.

This will be a slow process because there is an ingrained code of silence, and very real fear.

Our determination and passion is also very real and we will be available. We will continue to show up, to prove our integrity, to provide information, education, brief intervention and support.

I have no doubt that more and more opportunity to distribute sterile injecting equipment will present itself. People will spread the word to their peer groups and Foot Patrol will play a big part in changing the way we assist the people of Townsville to protect their health and wellbeing.



N L Q D M G N I R A H S M O U L D
 H E P A T I T I S T E H R K P O Q
 T O O V E R K R B B V A E N S R T
 R S W A L L O W L T I F V E G N R
 A P E X Q Z U R O S R T I E S I E
 N C R A L C O H O L U F L K N R A
 S L A S O P S I D D S D S F H O T
 F E Z U R F M I X A E I L I B A M
 U G O P A I E J P E R A L G P X E
 S A R P L T R A N S M I S S I O N
 I L T O A O I S F M H W T A E R T
 O U G R Y U I M E J O C B M R G A
 N E V T H R V D A T I N G N C A T
 W A I T I N G N I T C E J N I N T
 S W A B S I Z K Y J E A E C N A O
 D W F X B E G I N N I N G B G I O

WORD FINDER

ALCOHOL

LIVER

RISK

VIRUS

BBV

LEGAL

SHAFT

WAITING

BEGINNING

MATE

SHARING

MOULD

BLOOD

MIX

SUPPORT

DATING

NEEDLE

SWABS

DIET

NIROA

SWALLOW

DISPOSAL

ORAL

TATTOO

DOSE

ORGAN

TOURNIE

FIT

OVER

TRANSFUSION

HEPATITIS

PIERCING

TRANSMISSION

INFLAMED

POWER

TREAT

INJECTING

RAZOR

TREATMENT

THE FACTS

CHANGES TO MEDICINE WITH CODEINE

WHAT'S CHANGING?

FROM 1ST FEBRUARY 2018, MEDICINES CONTAINING CODEINE WILL NO LONGER BE AVAILABLE WITHOUT A PRESCRIPTION.

WHY?

Codeine is becoming a commonly used drug of dependence and research indicates that, in low doses, it is not an effective pain reliever. The harms caused by misuse of codeine, such as liver damage and overdose, are another reason for the change.

WHICH MEDICINES ARE EFFECTED?

- Paracetamol 500mg + codeine \leq 15mg (eg PanadeineR, Panadeine ExtraR, Mersyndol DayStrengthR)
- Ibuprofen 200mg + codeine \leq 15mg (eg Nurofen PlusR, Panafen PlusR)
- Paracetamol 500mg + codeine \leq 15mg + Doxylamine \leq 5.1mg (eg MersyndolR, DolasedR)
- Aspirin \leq 500mg + codeine \leq 15mg (AspalginR, Dispirin ForteR, CodisR)
- Cough and Cold medicines (eg Codral Original Cold & FluR, Demazin Day & Night Cold & FluR)

HOW CAN I KEEP ACCESSING THESE MEDICINES?

From 1 February 2018, you will need a prescription from a GP to access codeine in any formulation.

HOW MUCH WILL I NEED TO PAY FOR THERE PRESCRIPTION MEDICINES?

If these medicines are listed on the PBS, you won't have to pay more than the PBS co-payment. If you are a concessional patient, you will pay no more than the concessional co-payment for your PBS medicine, which is limited to \$6.20.

WHAT HAPPENS IF THESE MEDICATIONS ARE NOT LISTED ON THE PBS?

If your medicine is not listed on the PBS, you can still fill the prescription however it will not be subsidised by the Australian Government. You should ask your GP about the best options for your particular needs.

TIPS FOR MANAGING THE CHANGEOVER

The change occurs on 1 February 2018, so go and see your doctor and work out what needs to be done to ensure this change is not too difficult for you to manage.

If you're on methadone or suboxone and also use codeine, you could ask your GP for a codeine script during your regular three month script renewal to save on extra GP visits. Prescriptions are generally valid for 12 months after the GP provides them, although prescriptions for some medications are only valid for six months.

WHERE CAN I FIND SOME MORE INFORMATION?

Visit tga.gov.au and follow the links to the 'Codeine Information Hub' for more details.

To TRACKS EDITORIAL PANEL
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 FORTITUDE VALLEY
 Q 4006

Hi,
 Please find "my Hep C Story". As
 in the text, I was prompted by your article
 on hepatitis.

Hope you find it of interest; feel free
 to publish any part or all of it.
 Regards,



MY HEP C STORY

I read the story in 'Tracks' issue 21 on Hep C treatments, and the spreadsheet from Hepatitis NSW which was reproduced on the page after. As I was recently treated for HCV genotype 4, I'd like to point out that treatments have changed since 2-16. There is now a specific pill for genotype 4; Interferon is not required.

I probably contracted Hep C in the 1980's, in my early twenties. Sharing injecting equipment was standard operating procedure in those pre-AIDS days. Although 1ml disposable syringes were around, most of us used the trusty 2nd Luer Locks, rising and breaking down the barrel and plunger and just buying 25 gauge picks. Actually we seldom shared syringes or needles, but a communal rise glass was normal practise. This is most probably how I contracted the virus.

Incidentally, genotype 4 is 'rare' in Australia, apparently most common in North Africa especially Egypt. I've never travelled overseas, so it's a bit of a mystery how I ended up with this genotype.

I was unaware of the virus until about 1991; I was drinking a lot of alcohol then and suddenly got really crook. All the classic hep symptoms, weak and lethargic, muscle and joint aches and pains, vomiting and pissing dark brown. I did pathology and was told it's not hep B but hep C! "What the hell is Hep C?" I wondered, the doctor sort of shrugged and said "It's very new."

I range around for answers and finally found a Queensland 'helpline'. I still remember talking to some evil female who told me, 'We don't have much information but the jails are confirming the hep C patents

in the AIDS ward" The implication being "It's incurable and will probably kill you." This conversation really upset me as you can imagine.

I began to subscribe to hepatitis NSW, then and now and excellent publication. (at the time it was half a dozen photocopied sheets stapled together) Also I signed on at the local (Gold Coast) hospital liver clinic as they also proved very supportive and helpful.

In the late 1990's I quite alcohol and heroin, though I'm still on methadone. I kept on living quietly with the virus, my liver was in as good a condition as abstinence could give.

I did one biopsy to provide this result; mercifully this is a special ultrasound machine developed since which is non-invasive. No needle required. Also, severe gastroscopies where a camera is passed down the oesophagus to check for varices, enlarged blood vessels in the oesophagus which can rupture. These are a side effect of liver damage. Luckily they did not find any.

Fats forward to late 2015 and the first oral meds for Hep C become available to Medicare. Unfortunately, only for genotypes 1, 2 and 3; the most common in Australia. The hospital liver clinic retested my genotype because the type 4 virus looks very similar to the type 1 under a microscope. Sadly, it was definitely a genotype 4. So, another 12 month wait.

Finally in March 2017 I was prescribed Zepatier tablet, specific for genotype 4. Each contains Elbasvir and Grazoprevin. The course consists of 84 tablets, one a day for 12 weeks. The handout for the manufacturer included a lovely colourful magazine with photos of happy people of assorted age and ethnicity, you have to look very closely to see the caption "Not a real patient" on each photo. Without too much detail, the price is scary for these meds.

I started taking the tablets everyday at teatime. Actually, I missed taking a tablet on 3 occasions, so it was really a 12 1/2 week course. I got most of the advertised side effects which included nausea, tiredness and headaches.

Zepatier is effective at killing the virus in 95% of patients. If your a glass half empty person, this means 5% of patients won't get better.

The first blood test after commencing the tablets was at 4 weeks in. This showed my viral count as 'less' and ALT's as 'better'. So it looked like I was one of the 95%

The next test was a couple of days after I finished the tablets. Viral count was 'undetectable' and ALT's were 'normal'.

Now there is one more blood test, next month, 12 weeks after finishing the tablets. Just in case some Hep C virus/ viruses were hiding and has reemerged. Also a Hep B test, there have reportedly been a couple of cases where the Hep B appears after the Hep C is removed. The Hep C keeps it dormant so that the Hep B, although present, is undetectable.

Fingers crossed. I am hopeful to finally be clear of the virus. Of course, as the liver clinic frequently mentions, I'm not immune. If I don't anything risky I can catch it again, like anyone else.

And odd coincidence though, when I picked up my first box of tablets back in March, and was chatting about it with the pharmacist, there was a guy about my age (56) in a wheelchair at the counter. He overheard and said that he was one of the initial groups on interferon back in 2001. Back then he had been given 3 months to live, his liver was really bad due to Hep C. Sort of an encouraging sign or a warning not to ever screw up again.

The whole Hep C 'body fluid and blood aware' mind set is so deeply ingrained by now. Not taking precautions would be like driving with fastening your seat belt; an unthinkable break with habit.

So, the big question, Do I feel like a new man? Born again and virus free? Truthfully about ten weeks ago after finishing the tablets, I'm just starting to feel OK. I've carried the virus for perhaps 35 years. I guess my body is slow at getting used to lie without Hep C and my blood chemistry is re-adjusting itself.

I remember reading the European hedgehogs are fully infested (almost from birth) with fleas, lice and ticks. Their bodies become so full of toxins from these pests that they eventually adjust to it. If you were to treat the animal by removing all parasites it may likely kill the animal.

So I am hoping that I will begin to feel healthy again. Of course the likelihood of liver cancer ect. is now much reduced.

Living in hope in living quietly with the virus, my liver was in as good a condition as abstinence could give: ALT's between 40 & 60, fibrosis and cirrhosis at 1,1 (on the old Otolu scale) I did one biopsy to provide this result; mercifully there is a special ultrasound machine developed since which is non invasive - no needles required. Also several gastroscopies, where a camera is passed down the oesophagus to check for varices (enlarged blood vessels in the oesophagus which can rupture - these are a side effect of liver damage) Luckily they

TRAVELLING A BROKEN ROAD, A BROKEN HEART
AND A BROKEN MIND

SOMETHING WAS MISSING INSIDE OF ME

I SEARCHED BUT COULDN'T FIND

THE HOLE WAS A DEEP DARK VOID AND
MY DIALOGUE SO UNKIND

STUMBLING ON RELENTLESSLY, HEAD BOWED, MOUTH
SCREAMING SOUNDLESSLY, EYES OPEN BUT ^{I WAS} BLIND

EVENTUALLY I COULD CRAWL NO MORE, I WAS
CARRIED THROUGH A DOOR

FEAR AND TREPIDATION COURSED THROUGH MY VEINS
SWEAT FROM EVERY PORE.

COMPASSION AND KINDNESS REPLACED THE
HATEFUL GLARES

LOVE AND RECOGNITION IN PLACE OF
DEAD BLANK STARES

SLOWLY THAT HOLE WAS FILLED WITH SOMETHING
BRIGHT

THE URGE TO DIE LEAVING ME, DRAWN BACK
INTO THE NIGHT

FROM HOPELESSNESS TO HOPE, FOUND A DIFFERENT
WAY TO COPE

FROM FAITHLESSNESS TO FAITH STOPPED
SLIDING DOWN THAT SLOPE

LIFE BLOSSOMS IN MY EYES, NO LONGER DO I
HAVE TO HIDE, FOUND MY TRIBE AND IN
THEM I CAN CONFIDE

THE LOST ART OF LAUGHTER EVEN AT
THE PAST DISASTER

RELEASES ME FROM CHAINS OF SHAME
MAYBE THERE IS SUCH THING AS
HAPPY EVER AFTER

TREATMENT MANAGEMENT PROGRAM

*Let's talk about stats baby,
let's talk about you and me,
Let's talk all the good things
and the bad things when
treating Hep C.
Let's talk about **stats!***



**SINCE MARCH
2016, QUIHN'S
HARM REDUCTION
STAFF HAVE...**



Screened nearly
550 clients



Treated 285 clients



Helped support 200
clients cure their
Hepatitis C



Answered, estimated at,
1000 TMP queries

"I've always been passionate from my teenage years about access and equality for anyone to access services, especially those who face discrimination and judgement on a daily basis."

TMP

Since March 2016, the direct acting anti-viral medications to treat the Hepatitis C Virus have been available in Australia.

QulHN has established the Hepatitis C Treatment Management Program clinics across the Gold Coast, Brisbane, Sunshine Coast and Townsville to coincide with the heap of new treatments becoming available.

Since March 2016, QulHN's harm reduction staff have:

- Screened nearly 550 clients.
- Treated 285 clients.
- Helped support 200 clients cure their Hepatitis C.
- Answered 1000 TMP queries (Ok I just made that number up, but it FEELS LIKE I've answered that many, just on my own).
- Given clients support via of oodles of referrals, advocacy, ensuring basic needs are met, and lending my all-important ears to receive venting when necessary.

- Worked collaboratively with stakeholders and relevant services, educating and liaising with staff, teaching them tools to better understand Hepatitis C and current available treatments to support clients; giving them the best chance of positive outcomes.
- Supported many clients to discover they didn't in fact have hep C.
- Helped many punters identify other health issues they weren't previously aware of, guiding them in the right direction for further treatment.
- Helped many clients explore a healthier lifestyle.
- Provided hundreds of safe use interventions, to reduce the chances of reinfection.
- Supported at least one client who decided she wanted to give up injecting altogether.
- Sung the praises of TMP from every rooftop in town (albeit out of key).

Please see over to the right for a brief Q & A with TMP project co-ordinator Amanda Kvassay.

Hi Amanda,

I'm sorry to spring this on you at the last minute. The fact that you are the most forgiving, conscientious, deadline loving colleague EVER, is all that makes this possible. These stats are after all impressive, and it's only a few questions.

TC (TRACKS Committee): Exactly how does a good woman like yourself, become enmeshed with the riff-raff you'll find at QulHN on any given day? (not including management)

AK (Amanda Kvassay): Haha I love the vibe at QulHN. I've been working in the drug and alcohol field for 20 years now and the riff-raff always make it so much more fun.

TC If someone had told you 5 years ago, you would one day find yourself hanging out with the cool kids, would you have believed it.

AK Probably not, but how lucky am I! 5 years ago, I was coordinating NSPs across the humid tropics of Queensland, so it's nice to still be involved with people that I feel passionate about helping and supporting.

TC Do you think the new coloured UNISHARP fits will make a difference in reducing the transmission of Hepatitis C?

AK I hope so. The feedback so far seems to have been positive and people like the idea of sticking to their own colour. The new fits plus the amazing access to new treatments for Hep C will really help us get to our goal of ELIMINATING Hepatitis C in Queensland. So if we can prevent reinfections and promote safer using through these new fits then we will be well on our way

TC Did you plan to become one of the few (but mounting) drug war heroes, or was it accidental?

AK I'm not sure about hero, but I've always been passionate from my teenage years about access and equality for anyone to access services, especially those who face discrimination and judgement on a daily basis. I've spent many working hours in small regional hospitals across Western and Northern Queensland training on issues such as discrimination, attitudes in service delivery, and issues related to injecting. I was trying to get everyday people to adapt their way of thinking away from judgement and to quality service with a smile and a little bit of kindness.

TC And that answer Amanda, is why you'll always be a hero to me.

Is there anything you would like to say to any punters contemplating Hep C treatment?

AK Over the years I've adopted the mantra "worst first" so I guess for accessing Hep C treatment. That really comes down to walking in the door and getting a blood test to see if you actually have a current Hep C infection. I know for many of our clients getting a blood test really

can be the most unforgiving experience so I'd encourage them to come to QulHN and have a chat about your options, rather than just thinking no. At the end of the day, I'd love everyone who is thinking about treatment, or even if it hasn't entered your life plan yet, to at least get tested so you know your options and at the same time can find out some more about these amazing treatments and decide if now is the right time to start.

It's a great idea if you are thinking about treatment, to bring some friends along as well and go through treatment together. Remember that you can have Hepatitis C and not have any symptoms, so if you're injecting, or not, it's a good idea to get yourself tested for all of the blood borne viruses. For more information on QulHN's Hepatitis C Treatment Management Program give us a call or check us out on facebook.

TC Is there anything you'd like to say to those who have completed treatment? Or those that are dragging their feet when it comes to the last blood test; the all-important 'am I cured?.'

AK First up, the stories and comments I've had from people who have finished and cured is just inspiring, it takes guts to get rid of something that for some of you you've lived with for 30+ years!! It almost becomes so much a part of your life it's hard to imagine no longer having it – but you've done it. We've had a few people fail treatment, so we are offering as much support and options for being treated again as soon as possible for these clients. It's most important to just stay in the loop for new information and options. A few of you haven't been back to get your blood test or results, so if this is you please make a time to come into QulHN or your nearest GP and get your results! The blood test at 12 weeks after finishing your medications is the one to rely on whether you have cured Hep C or not. If you're worried or nervous that you might not have cleared the virus, there are still options available to you for re-treatment.

TC All in all, are you happy with the way the TMP TIDE is turning? I mean you seem to be able to help solve all manner of problems that might arise. I could see your life summed up, on your tombstone "we couldn't have done it without her".

AK Haha that is too funny. I know that all the QulHN staff involved in TMP all play a massive role in making TMP what it is now and what it will be over the next couple of years. As for my tombstone, I can't think of anything else...

TC Lastly does anyone ever call you AK47? Someone should, it suits you.

AK Umm no, let's not start that.... haha

Thanks for your time AK47, your blood's worth bottling.

T2TQ NEWS

T2TG FACTORS INFLUENCING THE HIV TESTING TO TREATMENT TRAJECTORY WITH A QUEENSLAND CONTEXT, UNIVERSITY OF QUEENSLAND.

PARTNER ORGANISATIONS

The T2TQ study involves researchers from University of Queensland, Monash University and University of New South Wales and is in partnership with; Queensland Positive People / RAPID / Queensland Health

The study is funded by the HIV foundation Queensland and will run for three years (2015–2018)

Throughout 2017, Lisa and Allyson have been traversing Queensland, conducting the first round of interviews on Brisbane, the Gold Coast, Sunshine Coast, Wide Bay, Rockhampton, Mackay, Townsville and Cairns.

WHAT'S BEEN HAPPENING?

Thank you, thank you to all our wonderful participants so far. It is such a privilege to hear your stories. Each interview provides such a rich contribution to the study.

Lisa and Allyson have thoroughly enjoyed not only meeting you all, but also spending time with your wonderful dogs, cats and other pets. They also now know where to buy the best coffee and scones across the state.

We feel incredibly lucky to have such a diverse group of participants. You have all shared such important perspectives on HIV diagnosis, treatment and living with HIV.

We would love to hear from you at any time during the project, so please contact us if you have anything to say; or if you have any change in contact details.

We would still love to find four more recent diagnosed participants, as soon as possible, in regional areas such as Toowoomba, Maryborough, Hervey Bay, Townsville, and western Queensland. Please spread the word and encourage others to join if you can.

WHAT'S THE PLAN?

In 2018, at around the same time of year as your first interview, Lisa and Allyson will visit you all again for your second interview. Expect an email or call from research assistant, Kate Hannan as that time approaches. In the meantime, please let Kate know if any of your contact details change.

As with any qualitative study, the analysis of the data from the T2TQ study will be ongoing. We are already sharing initial findings with QPP. We will continue to keep you updated as details about publications and presentations from the study become available.

Looking forward to making contact with you all again next year.

PROJECT SNAPSHOT

- Round 1 of interviews are nearing completion.
- Interviews have been conducted in Brisbane, the Gold Coast, Sunshine Coast, Wide Bay, Rockhampton, Mackay, Townsville and Cairns
- We are urgently looking for 4 more participants from regional areas such as Toowoomba, Maryborough, Hervey Bay, Townsville, and western Queensland.
- Round 2 interviews have commenced in January 2018

CONTACT US

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PRINCIPAL INVESTIGATOR

DR LISA FITZGERLAD

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LISA



Lisa is a proud kiwi who grew up in Lyttelton, the seaport of Christchurch, New Zealand. She worked in public health at the University of Otago, Christchurch, until the desire to gain international public health experience drew her to School of Public Health, University of Queensland. She has been living in Brisbane and worked at SPH for the last 10 years where she taught social aspects of public health across many courses. She has been involved in HIV social research for over 15 years, in New Zealand, PNG, Asia and Australia. Lisa lives in inner Brisbane with her family and rescue cat; a big Persian boy called Harmu. Her interests include keeping fit, cooking, watching good Netflix/Movies/Documentaries and taming her garden as well as Harmu's unruly coat.

JUDITH



Judith is born and bred on the Sunshine Coast where she did her nursing and midwifery training before heading off to work around Australia and the world, including exciting places like Afghanistan and Sudan with the International Committee of Red Cross. Judith moved into the sexual health HIV sector in the late 90's and finally returned home to QLD to work and study. This led her down the Masters and PhD journey and after 10 years or so with QHealth as the State sexual health nurse educator, Judith joined the University of Queensland School of Public Health HIV sexual health research team in 2015. She lives with her partner in Brisbane but still loves roaming the world, reading a good book, cooking and drinking wine.

CHI-WEI



Chi-Wai was born in Hong Kong but settled down in Brisbane two decades ago. He is a sociologist by training and has been working at the University of Queensland for the last ten years. He first worked in the Department of Sociology and Australasian Centre on Ageing and he joined the School of Public Health in 2009. He now teaches qualitative research methods and supervises postgraduate students in the School. Over the past decade, Chi-Wai has participated in a wide range of research projects on health behaviours and social determinants of health. He now lives in South Brisbane with his family and two dogs; a Labrador and a Jack Russell/Fox Terrier cross. In his leisure time Chi-Wai is a keen amateur photographer.

MEET THE T2TG TEAM

OLIVIA



Olivia grew up in Adelaide, but after meeting a Townsville lad, decided to 'spilt the difference' and settle in Brisbane. As a nurse, the bulk of her experience has been caring for people enduring treatment for cancer and lifelong genetic conditions. After having children, Olivia embarked on a Masters of Public Health to expand her horizons in a new direction. Through that process, Olivia connected with Lisa and leapt at the opportunity to become a PhD student on the T2TG project. Olivia enjoys spending time with her very 'Queenslander' family, exploring the amazing beaches, parks, food and sports his state has to offer. She is secretly happy her son has decided to play AFL, to preserve his South Australian heritage.

ALLYSON



Allyson is a Queenslander, born in Charters Towers (which she would dearly love to visit) but raised in Brisbane. She's the third sociologist in the team, with undergraduate degrees from Flinders University and a PhD at UQ. Allyson has been teaching and researching in the School of Public Health for over 20 years. For much of that time her research has focused on primary health care and the contributions that nonprofit community organisations make to health and well being. She has also worked closely with her beloved undergrad students trying to ensure that future health professionals develop a genuine understanding of the lived experiences of health and illness. Allyson lives on a farm with her partner, 2 dogs, 7 horses (5 Clydesdales), 12 geese and 9 chickens an hour west of Brisbane.

KATE



Kate spent her early years moving all over Australia, but feels incredibly lucky that her parents chose beautiful Cairns as the place to finally settle when she started high school. She spent a decade working as a youth worker and social worker in youth centres, crisis accommodation services, and the Royal Flying Doctors Service in Cape York Peninsula. In 2013, after completing further studies in Public Health, she joined the Living Positive in Queensland study as a research assistant and is excited to continue this role as a part of the T2TG study. Kate had really enjoyed the opportunity to meet participants from both studies, over the phone, when she is organising interviews. She lives in Brisbane with her family and in her spare time she enjoys rock climbing and camping.

BETTER ACCESS AWAITS YOU



BULK BILLING

We are a fully bulk billing General Practice for Medicare eligible patients. We also provide low cost care for those who are non-Medicare eligible.



HEPATITIS C CLINICS

Our Better Access Medical Clinics above provide services in the management and treatment of Hepatitis C. In addition to the Better Access Medical Clinics we have some specialised Hepatitis C Clinics being run on an outreach basis at the following locations.

QUIHN, COTTON TREE THE SUNSHINE COAST DETAILS ON BACK PAGE.

- Every third Thursday 11am-4pm with our Nurse Practitioner, Mary, at the Sunshine Coast office

Further info can be sort from Alanna or Fiona, or any Harm Reduction Worker available on 54439576.

SOUTHPORT

- Every third Thursday with our Nurse Practitioner, Mary at the Southport Health Precinct

Further info can be sought from Anna, or any harm reduction worker available on 56879039 or speak with, Tegan or Jody on 55207900

Mary is our Nurse Practitioner and runs the clinics when it visits the Sunny Coast and Southport.

Please be aware that Mary is a Nurse Practitioner which means that these services can be somewhat limited when supporting QuiHN clients in some areas as the scope of practice is specifically Hepatitis C. Mary can assist you with your hepatitis C treatment and management needs (such as i.e. prescriptions relating to Hep C treatment, referrals, and support).

All of our staff have empathy and compassion to spare.

"I found Mary lovely, I mean really lovely, Easy to talk to. She's non-judgmental, and I feel I can trust her, like she has my best interest at heart. I've not had that feeling from a medical professional before (sceptical look from me), honestly, it's refreshing, she's refreshing"- TMP client feedback



BETTER ACCESS TO MEDICAL CLINIC PROVIDES SERVES IN

- General Health;
- GP Management Plans (including Mental Health and other Health Care Plans);
- Sexual Health & Blood Borne Viruses;
- Hepatitis C Treatment & Management;
- Opiate Substitution Therapy (OST);
- Work Cover and Pre-Employment Medicals



BETTER ACCESS MEDICAL CLINIC IS A GENERAL PRACTICE CLINIC BASED IN QUIHN'S BOWEN HILLS (BRISBANE), AND BURLEIGH HEADS (THE GOLD COAST) OFFICES.

BETTER ACCESS MEDICAL CLINIC AT OUR BOWEN HILLS OFFICE, DETAILS ON BACK PAGE

- Tuesday to Thursday 10am to 4pm with Doctor Merrilyn
- Mondays to Fridays with our Registered Nurse, Gary

For further info contact Brisbane Reception or speak with our Harm Reduction team, Bec and Scott, or any available harm reduction worker on 32608111.

BETTER ACCESS MEDICAL CLINIC AT OUR BURLEIGH HEADS OFFICE. DETAILS ON BACK PAGE

- Monday to Wednesday between 9am to 4pm with Doctor Corrine

For further info contact our Gold Coast team or speak with our Harm Reduction team, Tegan, or Jody or any harm reduction worker available 55207900



Better Access Medical Clinic is a program of QuiHN Ltd. More information about Better Access Medical Clinic, including making a booking, can be found here: www.betteraccessmedical.org. Bookings for Better Access Medical Clinic can also be made by phoning your local QuiHN office or online www.healthengine.com.au or using the Health Engine App on your phone. More information about QuiHN and its range of ancillary programs can be accessed here: www.quihn.org.

Dear Ben,

Re: Clients / Patients not returning for Post-Treatment S.V.R Bloods to be done

I have thought long and hard about this, and I think we need to start at the beginning.

That is, when selling a patient on doing Hepatitis C treatment there needs to be a conversation had referring to treatment as 'a whole', including the 12 week SVR test, emphasising the importance of the 12 week SVR, so that they can understand you are not considered cured until you achieve a 12 week SVR. Tell patients, "it ain't over till it's over."

There are however, like me, for whom it will never be over, because I'll need ongoing six monthly ultra-sounds and bloods done. I am grateful I have cleared Hepatitis C, but it was a long time coming; though two liver biopsies and ten years of ultra sounds and bloods done. Yes I am 'over it' in every sense of the term. However, the death of my best friend, Maxine, for Hepatitis C related to liver cancer made me realise fully that this is not 'a good death'. In fact, even on the best palliative care, it was a god fucking awful painful way to die. Something to be avoided, and if that means ongoing monitoring, then so be it.

You have my permission to share this letter with anyone else who is 'over it' with Hepatitis C and I'd be happy to try and talk the around to an acceptance of long term monitoring.

Love Jen

D O P

He's the man in my life
 And I am his wife
 But no man in my bed
 Compares to you in my head
 In living with poverty
 So you can be with me.
 Suffer sickness & pain
 Just to hold you again
 What I own I would sell
 So that you can make me well
 Slowly but sure
 My beauty's no more.
 Some say you have taken
 And left me forsaken
 But still as before
 I come back for more
 You give me pleasure & pain
 You drive me insane
 Although it is rough
 There's never enough
 Mere words can't convey
 The way I feel each day
 You cause trouble & strife
 But you're still in my life
 I'm as weak as a kitten
 And still I am smitten
 It's a sickness they say
 But it's the price we all pay
 DAVA OF PREFERENCE



BMS

TAM'S POV

I've been really up front about who I am and recently spoken out about my addiction. But I want to say something here. Speaking out has caused a backlash. I watch a lot of recovered addicts talk about recovery and how they did it and about how they lived as addicts, and I'm totally impressed with every one of them. I am so glad they reached recovery. I've been there on and off for 30 years.

The thing I want to say is, it is NOT the same for everyone. I hear others speak about addicts being a victim or "playing" the victim. Let me be clear. I am no fucking victim. I blame no one else for being an addict. I know in fact that I have used drugs as a way to overcome the pain and hurt in my life, but point in fact, and some will go insane that I'm saying this, but heroin kept me alive.

I truly believe if it hadn't been for my addiction, I would have killed myself a long time ago.

Ok, so that's probably hard for some to understand, but it's the truth. Fact is, eventually the drugs stop just numbing you to the hurt and start messing up your life in other ways, whether it's your health, or financial, crime, family being unable to cope, and then you need to start taking stock and try to kick the habit.

Another fact in point, when you finally make that decision, every addict knows you need to haul ass fast. Don't delay. You have to get the help while you're in a mental place to accept it. So, when the few rehabs you can attend have up to 12 months long waiting lists, you're kind of screwed. Your hunger will win long before then.

So then let's talk about "group". N.A. - NARCOTICS ANONYMOUS. The few times I tried at various groups I was confronted by someone asking me if I wanted to get on. So sorry, but group is not always the answer either.

"Ok, so that's probably hard for some to understand, but it's the truth. Fact is, eventually the drugs stop just numbing you to the hurt and start messing up your life in other ways, whether it's your health, or financial, crime, family being unable to cope, and then you need to start taking stock and try to kick the habit."

O.K, let's talk home detox then. Wow. It HURTS. Like a lot. Coming off heroin hurts, but if you're on methadone and heroin like I am, it hurts 10 times more for 10 times longer. I spent 3 months in jail hanging out before I even began to feel human again. Hell. So really, home detox is bound to fail.

I will continue to fight this, but don't fucking tell me it's a simple choice. Don't fucking berate me and put me down as a filthy addict because shaming doesn't work either. Locking people up for punishment doesn't work. It hurts you more and takes you straight back to the drug that eases your pain.

So, forgive me if I'm getting a little tired of patronizing people preaching to the choir. I've heard IT ALL. I KNOW EVERYTHING YOU HAVE TO SAY. Just let me do it MY WAY. In my own time and God help me, with a few of my local support people, my clean friends, I hope eventually I can pull this off. But do not think you know MY journey. And if you want to judge get the hell off my page. If you've never been where I am, you have no business lecturing me. Get on with your life. Right now, it is under control and not hurting anyone else. For those who worry, I'm sorry, but I've explained only a fraction of the struggle this is, so you will have to own your own response to MY situation, while I own mine.

One more thing, if you are close to an addict and worried, offer help and practical support if they want to get clean. Just understand the ups and downs of the journey and don't judge. It is all you can do. Just DO NO HARM. You will make it harder. Remember each addict has to do their own cleansing. If they are trying, they are not victims. They are warriors. And it IS a battle. Sometimes to the death as I know all too well. STOP JUDGING!

Tam 2018

DANCING - IN - THE RAIN

**One families poignant story
about living with hepatitis B**

Dancing in the Rain a film created by Hepatitis Queensland (HQ), uses comedy and drama to take you on a journey of discovery exploring the impact hepatitis B has on families in Australia.

Follow TK, as he learns all about hepatitis B (hep B) and it's effects on his family and his life. Designed to make audiences laugh and cry a little, this short film creates a big impact, challenging the idea that hep B is a death sentence and encouraging audiences to rethink what they thought they know about hep B.

With the aim of raising awareness to hep B, *Dancing in the Rain* explores the chronic health issue in a light-hearted way. It allows viewers to reflect on their own situation, understand the illness, and realise this it is possible to live well with hep B.

In just 6 minutes, this short film travels through a range of emotions; from grief to anxiety, fear and apprehension, to happiness and love. All the while driving home the important message of hep B testing, monitoring and treatment.

Hep B is a serial killer. There are an estimated 37,000 Queenslanders living with hep B, but only 56% of them know they have it.

Statistics tell us that one in four people with chronic, long-term hep B, will die from liver cancer without medical intervention.

It is through films and stories such as *Dancing in the Rain* that HQ hopes to start conversations about hep B, encourage viewers to visit their GP, get tested, start regular check-ups, and learn to live well with hep B.

Hep B does not need to be a death sentence. You can help save lives by sharing the *Dancing in the Rain* story.

Find *Dancing in the Rain* on the HQ Facebook page and YouTube Channel, or search 'Dancing in the Rain hep B' to find the film and share it with friends, family and colleagues. Let's help Queenslanders be free of the burden of hep B.

VACCINATIONS ARE AVAILABLE FOR HEPATITIS B

**FOR MORE INFORMATION ABOUT HEP B, CALL THE FREE HEPATITIS INFOLINE:
1800 HEP ABC (1800 437 222) OR VISIT THE HQ WEBSITE – HEPQLD.ASN.AU**

**THE HQ TEAM ENCOURAGE THE USE OF DANCING IN THE RAIN AS PART OF EDUCATIONAL
EVENTS OR HEALTH PROMOTIONAL ACTIVITIES TO RAISE AWARENESS OF HEP B.**

WHEEL FILTERS

HOW TO USE WHEEL FILTERS FOR INJECTING DRUG USE

DIFFERENT FILTERS DO DIFFERENT JOBS

5.0 micron

Good for ecstasy, physeptone, dexamphetamines or other chalky pills.



0.8 micron

Good for MS contin, oxycontin, buprenorphine (subutex or suboxone).



0.2 micron

Good for methadone or as a final filter to take out bacteria from any mix. Remember it won't take out hep C, hep B or HIV/AIDS



SOME IMPORTANT THINGS TO REMEMBER

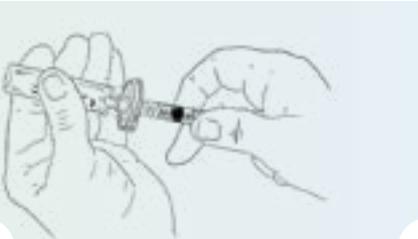
- You won't lose you mix, only the chalk and wax
- Don't heat your mix
- Only use the filter once
- Prime filter with water
- Use in one direction only

1.



You will need –Wheel filter, water, cotton filter, needles and a barrel

2.



Prime by drawing water up through the wheel filter

3.



Throw away the water

4.



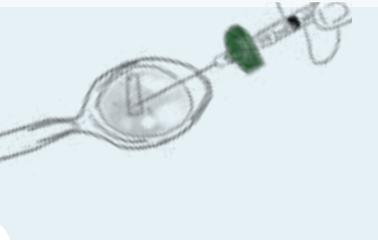
Squeeze a cotton filter into your mix

5.



Attach the wheel filter with needle* to the barrel and push down on the cotton filter

6.



Hold the cotton filter in place and draw the mix up into the barrel

7.



Take the wheel filter with the needle off the barrel

8.



Attach a new tip

9.



You now have a cleaner shot

*Depending on the substance being mixed, some users prefer not to use needle for steps 5 through 7. QuHN recommends that the needle be used as shown

TIDAL THOUGHTS ON TIDE FROM OUR ELDERS 2016

“Morning Dr Walker, long time, no see”. Dr Walker looks at me having no clue who I am. “Remember, I saw you once about 15 years ago? About my hep c? I didn’t have treatment then, but I did have it eventually, and I’m cured...I think” I’m in Dr Walker’s surgery supporting one of our clients who’s on the TIDE program. Dr Walker looks almost the same since I saw him last, a few extra wrinkles, laugh lines really because his good humor seems to only have increased. The client wondered out loud why there is so little accurate information among GPs regarding Hep C. I tried to explain that Hep C is fairly new on the stage of viruses. I ask naively. “You would have finished your degree before Hep C was named in 1989, right Dr Walker?” Dr Walker laughed, a deep laugh that suggested he used it often “I had my degree when they named HepB” he chuckled. Out of respect I resisted doing the math. Here are some thoughts from the elders of our community, regarding the new treatments.

“This is it; this is what we’ve been waiting for. Now we are going to cure people.” DR WALKER

“I’ve got the script, I’m ready to go, and this will be my 4th attempt. When I started injecting there were no needle and syringe programs, so I’ve had Hep C for over 30 years. I’m feeling really positive that this will finally be a cure, because for me having hep c is like walking around under a dark cloud, or like being hung over all the time or something like that. It’s depressing.” SKOT

“Hi all, just an update on my visit to the RBWH last Friday. I start HCV treatment in approximately 8 weeks and the treatment will be for 12 weeks. The specialist Dr Andrew has also said that he is happy to write a letter to my employers that I am capable of driving a commercial vehicle whilst on treatment. He also looked into my eyes and said that at the end of 12 weeks I will no longer have HCV. I have had this for 38 years and tried 3 lots of treatment (which was debilitating to say the very least and each one was for 12 months), so to say that I am elated would be an understatement. I thank everyone for your support and love and putting up with my fears around treatment and work, valid as they were, I was understandably worried. So here’s lookin’ up ya’ kilts to the next part of my journey.” JOE

“I haven’t got it, I haven’t even fucking got it. I’m 50 years old, been living like I have Hep C for 25 years, and I haven’t even fucking got it. If I didn’t start on TIDE I’d still believe I fucking have it.” GEORGE

“I’ll believe it when I see it; I’ve had hep C forever it seems, about 35 years I reckon. I could never come at the treatment, if it was going to make me sick. I just couldn’t roll like that. I start the new treatment this week and I have no expectations. Although just the thought of not feeling shit all the time, it’s hard not to get excited, but still, I’ll believe it when I see it.” SUE

Note: Sue is into her third week of treatment and feeling better all the time.

“Just like Big Kev, I’m very excited. I’m 45 and was diagnosed 16 years ago. I’ve been anticipating the new treatments for awhile and can’t wait to start. To be honest I have other people I care about that I would like to see start treatment too. I want to spread the word & maybe be the TIDE town crier. Let’s get the information out there. By the way do you need an editor?” JACOB.

Me: I can spell I just choose not to right now”

“I’ll let you know, I cleared hep c with the old treatments, but I re-infected myself by accident; so looks I’ll get to try out the new ones, eventually.” DIX

I was part of the medical trial group when they started using the Interferon & Ribavirin in combination. It sent me completely loopy, I was soooo depressed & I lost 40kg in weight (I got down to 48Kgs). If I had to do it all again I would because my liver was in such a bad state that I would have required a transplant in a few years, but these new treatments are absolutely a game changer when it comes to treatment. Any treatment that has minimal (if any) side effects is a true beacon of hope for those wanting treatment but we’re scared of the side effects. I’d say “go for it & go for it hard.” Rod.

“Now we’re seeing people who have started treatment, and WOW, more energy more smiles, more successes, it’s great. I did the old interferon and it was painful, but now we’re cooking with gas.”

FL

OUR TOWN

**OUR TOWN IS DYING;
not from everyday incidences,
accidents and illnesses that
bring death to other towns.
We are dying in untold numbers,
from preventable deaths.**

People who inject drugs don't choose to live apart, but live apart we do. We live in a town that includes many trials, but few bonuses. We live in a town few understand, and fewer still dare go. Of the few who visit, even fewer will admit it, even when asked.

Welcome to Our Town

Please don't feed the trolls

Some other towns would like to see us extinct. This puts us under attack, from-

- Blood born viruses, Hepatitis C & B, and HIV
- Health and social harms, accommodation, employment etc
- Fatal overdose
- The judicial system
- The medical system
- The education system
- Main Stream Media
- The government
- Stigma and discrimination
- Self-discrimination; surely the most deadly

I would love to address every one of these points, but for now, in 1000 words, I hope to convince you of your worth.

To this end I will pick just three battles, which I know without doubt only our village inhabitants can win.

By addressing these battles among ourselves, we will reduce the number of lives lost, and increase our chances of ending this war on drugs\people, that sees other villages turn against us, that sees us turn against them, and eventually each other.

OVERDOSE

Naloxone saves lives and is now easy to obtain; yet our village dwellers are still dying from fatal overdoses.

- Naloxone can only save lives if you are carrying a vial in your bag or keeping it close at hand. Understandably this can be challenging, for people who can't be honest with their doctor, for whatever reason, maybe because he's your prescriber or family doctor.
- Consider that carrying a vial could be the difference between life and death, if you are unlucky enough to be present at an opiate overdose. It may not be your kin, not this time, or next time, but maybe the time after.
- We have the power to save our lives. We are the ones who will notice if our peers are at risk of overdose, i.e stressed/depressed, using other drugs
- Had a period of abstinence, i.e. jail, rehab, pregnancy
- Now with naloxone availability we can only blame our laws and government to a point, for the premature deaths of village dwellers.
- If you don't know where to start looking you're not alone.
- Ask staff at your closest needle and syringe program, for access and training tips. NSP numbers and locations are on the back of this mag.

HEPATITIS C

The new Hep C treatments saves lives. Yet our community are still dying from hepatitis C related conditions. If only people who are Hep C positive understand they deserve the best health care available.

- Yes, new treatments from Harvoni to Eculpse are accessible; yet too many of us still carry the hepatitis C virus.
- Yes, sterile equipment is readily available and free; yet hepatitis B & C are still being transmitted among us.
- Yes, there are mountains of “safer use” resources; yet we continue to transmit and contract hepatitis C, even after treatment and clearing the virus.
- More and more health facilities offer sterile injecting equipment to those who need it, NSP’s offer the most necessary supplies for free.
- QuHN’s treatment and management program provides practical support, advocacy and advice to clients who are ready to not just leave hepatitis C behind, but to also join the movement to eliminate Hep C altogether.

STIGMA AND DISCRIMINATION

Acceptance and compassion saves lives. The most tragic thing about stigma and discrimination is when one starts to believe the bullshit. In other words, we start to believe we deserve nothing better than criminalization and other dehumanizing strategies for the immoral act of consuming any substance not controlled by the authorities.

- Discrimination prevents us from addressing concerns that historically we have been blamed for, yet always been denied the means to address.
- Stigma keeps us (particularly women) in unsafe, violent domestic situations.
- Stigma ill-educates us by allowing us to accept misinformation as fact,
- Stigma breeds and feeds hate from society and worse from self
- Self-hate will retard your growth, reduce your soul, and unsettle your essence, your mojo, your you.
- Stigma separates and isolates

Overdose and blood born viruses aren’t harms usually thought of by average Joe Citizen.

They are harms almost exclusive to us, people who inject substances, who might unwittingly share more than their drugs or equipment.

They are not situations over which Joe Citizen could have any control. They are situations over which WE HAVE CONTROL.

Think about naloxone, think about saving lives.

Think about Hepatitis C, think about treatment, think about TIDE, think about 100% SVR (sustained virological response) cure rate. Think about saving lives.

Hepatitis C can potentially be eradicated from this planet, eliminated altogether, and OUR town members are the only ones who can make certain that happens.

Just think about that for a moment.

If every person in our town who is Hep C positive undertakes and adheres to Hep C treatment, then it is impossible for them to transmit a virus they don’t have. It is impossible for town dwellers to contract Hep C from neighbours who don’t have it.

Think about that, just for a moment. A Hep C free society, isn’t just possible, it’s on its way, But first, we must own it!

FL 2017

STAYING SANE, SAVING VEINS

The only way I remember the 90's and early 2000's, are by a string of dates preserved on police reports, methadone clinic intakes, jail stays and hospital visits, that have my name next to them, forevermore. That's it, that's how I know I was there.

One of the 'things' that stands out in my mind from that time was an educational resource for NSP (needle and syringe program) workers to pass on to clients and other

peers. More recently we included some of those images and information from that resource, in QUIHN's Infection Control Sessions" format.

As a client of QuiHN there is a good chance you know which one I mean. The reason this resource stands out for me, is because I knew a lot of the folk in the photos. However, when I remember this resource there is one photo (the one below), that always jumps to my mind.

Disturbing photos of injecting related harms, aren't usually my preferred way to share 'safer use' tips. Having said that, a picture really does 'paint a thousand words'.

The primary purpose of a photo is to record times past. They capture the highest of highs, they also remind us of the lowest lows.

When I look at this photo, I slide back to 1995, and

the shocked face of a friend, who when booting Normison (temazepam), had a miss. That wasn't the shocking thing, a miss is collateral damage when you choose to inject your drugs. The shocking thing was his arm slowly turning black, before our eyes and seizing up. I remember driving him to an un-named hospital on the Sunshine Coast. I remember the tears in his eyes when they told him his prognosis was dim. He wouldn't be able to move his blackening arm for a while, he could even lose it. He was a horse strapper, he had a job lined up in Cairns, a job he would now have to forfeit. I remember doctors telling him he would have to go to Brisbane for treatment. I remember swallowing the scorching bile created by stigma, when it was explained that, because he caused the injury to himself, they could hardly make an ambulance available for his transfer. I remember driving him to Brisbane, and the silence of dread that filled the car. That was temazepam in 1995.

In the early 2000's I remember this resource being made, and the creators of it, daring to ask clients for photos of their injecting related injuries. I remember the feeling of ownership and empowerment the process of its creation, shaped in our community. Except the drug used by the punter this time, in this photo wasn't Temazepam, it was

Xanax. Infections and amputations did another round of our community. That was Xanax 2005.

More recently, in the last few months, we've had a QuiHN client, who's had the thumb and pointer finger of his right hand completely removed, and the tip of his pointer on his left hand has died and fallen off. This is fentanyl 2018.

Because I know the details of these cases, I know there's only one thing the 3 had in common. They didn't use wheel filters, that's it. I know in 1995, we had never seen a wheel filter. In 2005 we certainly had. In 2018 there's no reason we can't always be using wheel filters for filtering pills, methadone, and meds that have been in someone's mouth. Apart from cost of course, it seems while the most effective methods of reducing injecting harms are made available, the ability to obtain them puts them out of reach for the average injecting Joe. When they sell, they sell themselves. If you haven't yet tried using a wheel filter please ask your local NSP workers for a demonstration and a free sample, you won't be sorry I promise you. There's no need to take new photos, they all tell us the same thing. This is simply a reminder. Being someone who chooses to inject drugs means you and you alone are responsible for your veins and keeping them alive. Please don't let them down.

FL 2018



EFFECTS OF REDUCED CIRCULATION

Sam I am, son and man
 My family means all to me
 Sam I am, with my brothers I stand
 I'm as loved as any man could be

Sam I am, a pooch loving man
 Dogs know how to be free
 Sam I am, I've a spiritual plan
 Spirit surely holds my key

Sam I am a quiet, shy man
 Just searching on my quest
 Sam I am, more sceptical than
 The truths I can only test

Sam I am an at risk man
 Risks you can only guess
 Sam I am I work as hard as I can
 When risks don't demand my best

Sam I am a determined man
 To set right all my ills
 Same I am an intelligent man
 My lessons, continue to fill

Sam I am lover and man
 But girls, they can't keep me still
 Sam I am, a passionate man
 But drugs, they certainly will

Sam I am a user and man
 Changing for tomorrow
 Sam I am with a confident plan
 And no time I left to borrow

Sam I am friend and man
 Friends passed, my only sorrow
 Sam I am, a bewildered man
 As these friends, now I will follow

Sam I am an at peace man
 And although it's too late for me
 Sam I am a practical man
 I still hope law makers will see

Sam I am a much missed man
 This describes me to a tee
 Sam I am a mystical man
 With those friends, I now fly free

SAM

“

Living with Hep C was like having a huge weight on my shoulders, and when I found out that I could be cured, and quite easily - suddenly there was hope.

”

TAKING HARVONI

Alanna at QUIHN said she was running a group for people to talk about what the treatment was like for them. I said I'd write down my experience to add to the mix.

To give some background - I'm 62 years old and I caught Hep C (genotype 1a) eight and a half years ago. I already had chronic fatigue syndrome (CFS), so fatigue has been part of my life for many years. Also I catch flu viruses easily and throw them off very slowly. Don't always get the full flu symptoms - often more of a "fending off" feeling. When I started the Harvoni treatment I was pretty tired from a summer "flu" and also moving house. I am not working, so am used to resting during the day as part of my daily life.

I'd heard all about the old treatment for Hep C and knew I couldn't handle it - I would be a complete basket case. So I thought as I'm used to constant fatigue I could easily handle the possible side effects of these new drugs.

Yesterday I took my last tablet of Harvoni. I started 12 weeks ago and this is what it was like. On day one I took my first tablet at 8.30am and didn't plan to do much that day. By 10.30 I was feeling spacey. I drove down the mountain to the shops and noticed my ears were a bit blocked. That morning I felt weird - a feeling of being drugged. I didn't want to engage with anyone or do much. Came home and rested most of the day. Was quite tired but gradually during the day this "druggy" feeling wore off.

So I was feeling quite optimistic. Sadly the druggy feeling didn't wear off after day two. I think the drugs stayed in my system and even built up a bit. On day two I felt a bit nauseous and my liver felt sore. The nausea continued for about a week then stopped. The liver soreness continued on and off for about four weeks.

Also about week three I got a bit of a flu (the one that was going round). I never completely threw that off and still have some of the symptoms of congestion, sore throat etc. But this is normal for me in winter, living with CFS.

All through the treatment, as well as a constant spacey, disconnected feeling, the main symptom for me was extreme fatigue. Mostly I would go to bed at 7.30pm, and sometimes I felt faint from the tiredness, and weak in the legs. I usually went out once a day to do one thing. No energy for any more.

I had thought this might be a good time to catch up on projects, but my mental energy was too low to concentrate on much. So I read lots of books, watched tv and DVDs and just looked after the basics in my life. Sometimes I would see a friend, but I didn't have much energy to chat, and I found it was hard to really 'be there' with them, which is not normal for me. This was a time of going inward and just taking care of myself.

So now I have finished. And today, being the first day without taking a tablet, I already feel less spacey, which is great. I'm pretty sure I've cleared the Hep C, as at week four my GP did a general blood test and my liver enzymes were back in the normal range after years and years!! But of course I have to wait till early October to find out if the virus has completely gone.

I am deeply grateful that the Australian government made this drug available to all of us. Living with Hep C was like having a huge weight on my shoulders, and when I found out that I could be cured, and quite easily, suddenly there was hope. The treatment wasn't exactly a walk in the park for me, but was so much better than what others went through doing the old treatment, and I would encourage anyone thinking about doing it to just go for it!

Lila - 28th June 2016

With Optimism Intent

I was standing on my front step
when I saw you walk by.

You looked all right to me.
So, I thought I'd give you a try.

I said "How about it babe,
Would you wanna come out with me?"
You checked me out and with a smile,
You said "let's wait and see".

I wrote you down my number
and you said that you'd call.
I figured that you'd set me up
that you like to see men fall.

I wondered if I'd been a fool
with the flowers that I sent.
Till you rang and asked me to explain
exactly what I meant.

Instead of words please let me show
my intentions are sincere.
I've booked a table, just for two
and you've nothing to fear.

I'll pick you up, just tell me when
would even be alright
You were impressed cause later on
you came home for the night

Russell D.



IN MY BED

As I sit in my bed
I have so many thoughts
going through my head
I only wish I could get them out
And they all be said
The pain I've caused my family
Hits me really deeply
To make amends would make
my heart whole truly

I just want it all to come out,
oh so freely
I know it's not that simple to
say, after all this time
But I'll show them all this time
Without all the crime
All I want is to be loved by
them

Nicole Harrison



Friendship. Lord let me have friendship.

*Once I had a special friend,
A special friend indeed.
Who taught me how to cleanse my soul,
For this my heart does bleed.*

*I began to act like someone else,
Someone I had never seen.
Now casting my mind thru' the void
That's how I wished I'd always been.*

*Our friendship blossomed as they do
Thru' true respect and trust.
It seemed our lives had been entwined,
As bread is to the crust.*

*The friendship took up all our time
Rarely were we apart.
We helped each other when we could
It was friendship from the heart.*

*The fifth verse tells a tale of woe
Allegations had been disputed.
Our friendship turned, as many do,*

*Into one that's been diluted.
I cast my mind, I furl'd my thoughts
To search for rhyme and reason.
Because our friendship was so strong,
I felt like I'd committed treason.*

*I want my friendship back I do
More than I can explain.
For I feel it is this friendship
That helps to keep me sane.*

*Alas! Alas! I know that backward
Steps just can't be taken.
But I realise, I know it's true
My friendship wasn't fakin'.*

*My friend I call upon you now
And hope you hear my plea.
For when I think of my best friend,
My thoughts turn straight to thee.*

As usual Biala was buzzing with business. Lifts going up, down, people going in, out, picking up meds, making appointments, and doing other living in the city type stuff.

We had come down from the Sunny Coast for the day. The reason for our visit was to attend the launch of the new picks, the ones that are replacing the old Terumo 1ml, (not the original 1mls, but the disastrous ones that came after, the bent, barbed, embattled ones).

I was sceptical from the outset, but I wasn't immovable. I longed to be convinced these are the fits we've been waiting for, but my scepticism kept my hope in check.

WALKING A MILE WITH UNISHARPS AND ANDREW

As we filed into the training room, I glanced around noticing all the usual QNSP (QLD Needle and Syringe Programs) suspects, had come together to either applaud or deride the saviour syringes. I chose a seat and put my coffee under it. In this way, I can kick it over later when getting up for morning tea. I call this the Biala scuffle.

Andrew Preston welcomes us and my first impression of him is he looks clean, like very clean. I love cleanliness but I struggle with it, so I admire those who can pull it off so seamlessly.

I decided this is a great quality for one to have, if one is selling sterile injecting equipment.

The significance of my black sceptic's hat was matched only by my poker face, and negative assumptions.

I fix on Andrew with my 'take no prisoners' stare, biting back the questions that would soon spill out of mouth, unnerving him.

This was it, I was ready to challenge, and ask the toughest questions, the questions that needed asking. I wasn't afraid to put Andrew on the spot.

My mission was on behalf of every Queenslander who chooses to inject drugs.

I threw up my hand with purpose, at that moment out of the corner of my eye I noticed something on the desk in front of Andrew, OMG WHAT ARE THEY??? Is that? OMG, OMG PURPLE FITS, WTF? PURPLE FITS, AND BLUE FITS, AND YELLOW FITS, AND GREEN FITS SERIOUSLY WTF, OMG I just wanna touch one?

Quickly I sat back blushing and cursing myself for letting my black hat slip so clearly and completely, before Andrew had even said one word.

As I was trying to regroup Andrew started the launch with a question "does anyone know how syringes are made?" Damn how could I NOT know how they're made? But I didn't know and neither did anyone else there. My fascination overtook me, as I sat glued to the screen as slides of photos of a syringe factory Andrew had visited (to ensure production quality), swam onto then off the whiteboard.

Andrew says with obvious pride and pleasure "here we have the only syringe ever made for injecting drug users", NOT for hospital use, NOT for diabetics, for IDU'S ONLY. The choice of pretty colours isn't just to make us smile, they are to reduce the chances of accidentally using someone else's weapon, which is highly possible when living in share house accommodation, quite clever really.

Andrew tells us to have a play with them to see what we think. I get a glass of water so folk could admire my one-handed prowess and see that I know what I'm doing. Mmmm I immediately notice the wings are bigger and so is the mixing up circle bit on the bottom of the plunger, for easier handling; nice. I notice the lids of the fits come off easily, maybe a little too easily, but that's in no way a deal breaker. I offered this feedback to Andrew, and he took it on board gracefully; I like that. Since that day I've had a client assure me the ease of lid removal is a huge plus for him; he reported he can pull it off easily with his teeth, unlike the old fits with much harder to remove lids.

Andrew also encourages further feedback from punters, providing many options for doing so.

In my mind, this verifies his confidence in his product.

Never let it be said, I let an opportunity to interview a drug war hero slip by. Andrew agreed to answer some questions for TRACKS with no (well maybe a little) intimidation from me.

Thankyou Mr UNISHARP and Andrew for taking this time to help us keep our clients informed. I will be directing some questions to Mr UNISHARP then some to you Andrew.

If any questions make you uncomfortable, please feel free not to answer them.

TC (TRACKS Committee) tell us what led to your conception please.

UNI (UNISHARP)

AP (Andrew Preston):

By around 2000 it was clear that reported sharing rates couldn't explain how many people were catching hepatitis C, so some researchers did a 'video ethnography study' recording injecting in real-life situations like a fly on the wall documentary. There's a short documentary about it on our youtube channel.

In that study, they recorded 101 injecting episodes, and only saw 1 person knowingly share BUT over 30 times syringes were reused and the people couldn't be sure they'd been the only one to use that syringe before. People were trying to protect themselves - marking the syringes etc., but it is hard when they're all the same.

They coined the phrase 'accidental sharing' and pointed out in their final report that everyone knew the risks, everyone was trying to avoid them, BUT the syringes we were giving out were contributing to the risk because they were all the same.

TC: And your radical colours, tell us something about them.

UNI: So we got syringes made for NSPs that were 5 colours. 5 is a practical number: more than that it gets hard to remember from so many colours, NSPs order in 500's and 1,000's. We had white for people who want their fits to look like old fashioned fits, and 4 colours.

For Australia we've made syringes in purple, gold, sky blue, white, and green. They're nice and different, even if you're a bit colour blind.

TC: Did you find it easy to make friends among people who inject drugs? We are notorious snobs you know.

UNI: Drug users have been really happy that finally there's a product that reduces the risk of accidental sharing, happy that we think about them in the design. Obviously change can be difficult, but Unisharp has lots of fans, and there's been over 40 million needles been used in the UK!

AP: I was a nurse in a drug service in the small town I live in in England (Dorchester, Dorset, pop. 20,000ish) for 10 years organising scripts for opiate users, and so got to know a lot of people very well.

When I started the company to make products for NSPs when I needed staff the first thing I did was go knock on the doors of former clients who I knew were able and might want to work with me... that was 15 years ago, and 2 of those people work at Exchange Supplies now (although they've both left on good terms to do other jobs, and come back).

UNI: We're a workplace that doesn't make judgements about drug use, and in return we are able to retain awesome people, who really care about what we do and give instant feedback on everything we write, say, or make. It's a big part of how we've managed to grow from tiny beginnings to a company with 17 staff

sending out over 500 orders a week.

TC: And where did you meet Andrew? Not relevant I know, but I'm just curious.

The manufacturer contacted Exchange Supplies and then had to spend 3 years persuading them (and the injectors on the team) that they could manufacture reliable equipment, deliver on time, and make all the needles sharp and strong! He visited the factory 3 times before placing an order for needles (the first product was 2ml syringes, and they made millions of them first, before trusting them with needle manufacture).

TC: If I was a unisharp fit where would I be able to find myself, if I wanted a shot?

UNI: ;-)

TC: Ok that must be one of those questions. Moving on I know a few people who've met you and I must say they speak very highly of you, although it did take some folk awhile to warm to you. What would you say to those who are still getting to know you?

UNI: A syringe is like a car or a phone...its something you know well, and have a feel for. If you stick with it, practice, talk to people about the best way to do it, it'll soon feel like home.

TC: Are you here to stay or just passing through? We have been disappointed before you know.

UNI: Andrew and the team at Exchange Supplies have been harm reduction activists for 20 years, the only reason they set up

their social enterprise was to make stuff happen that 'normal suppliers' wouldn't do because they didn't understand drug injecting. By collectively purchasing they can make sure that injectors get exactly what they need... and the longer they're able to do, and that's why they do it.

TC: Thank you Mr UNISHARP, I'm sorry Andrew, but unfortunately, I only have enough time left to ask you one question.

But it's one I think we all want to know the answer to.

What colour is your toothbrush? Did the colour of your toothbrush in any way inspire your creative creation?

AP: HA! We got an electric toothbrush 20 years ago when my son broke his wrist playing soccer, they come with colour bands to tell them apart. I decided not to put a colour on at all so the kids could all choose one. So I guess I'm white. And yes, when the research came out, I just straight away was shocked I hadn't thought of it: the colours work so well with toothbrushes.

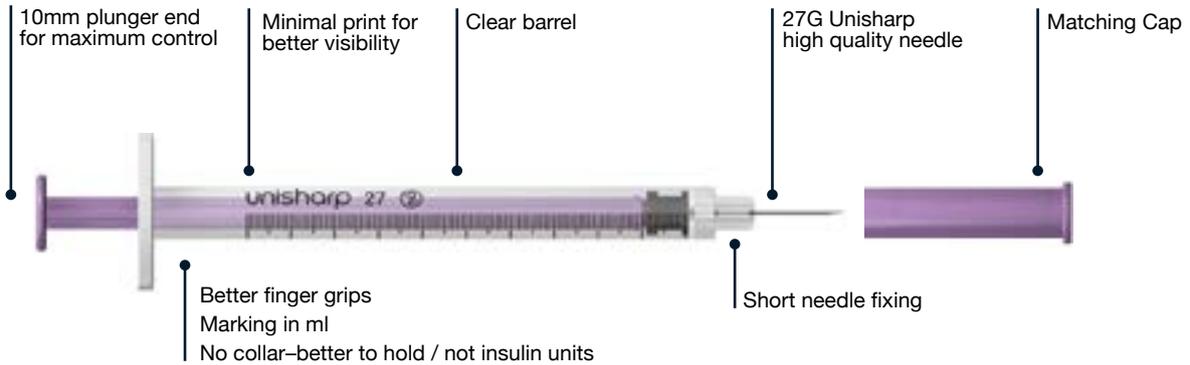
I can't believe you answered that so professionally, I was wondering 'why the white ones?'

Mr UNISHARP, Andrew, thank you for your time and feedback, the committee are grateful, and you can be sure there'll be a TRACKS at QulHN with your name on it.



WE LISTEN AND NOW SUPPLY. 27G FIXED NEEDLE SYRINGES

DESIGNED FOR PEOPLE WHO INJECT DRUGS. DIFFERENT COLOURS SO YOU CAN TELL WHICH IS YOURS



GIVE US YOUR THOUGHTS ON UNISHARP

Rate each aspect listed of the new fits by circling from 1 (poor) to 5 (awesome)

SHARPNESS-	1	2	3	4	5
EASE OF PLUNGER-	1	2	3	4	5
TAKING LID OFF, PUTTING IT ON-	1	2	3	4	5
EASE OF HANDLING-	1	2	3	4	5
DIFFERENT COLOURS-	1	2	3	4	5
OVERALL EXPERIENCE-	1	2	3	4	5

FURTHER THOUGHTS

QUIZ

MIXING DRUGS IS ALSO KNOWN AS

- a. fun
- b. a recipe for disaster
- c. polydrug use

MIXING DRUGS/PLOYGRUGS USE MEANS

- a. taking different drugs at the same time
- b. taking drugs when other drugs might be in your system
- c. speedballs

IF YOU ARE GOING TO MIX OTHER DRUGS WITH HEROIN, IT'S BETTER TO

- a. do the other drugs first and then have a shot
- b. have a shot then do other drugs
- c. eat a kebab then have pizza

PEOPLE WHO ARE OVERDOSING

- a. breath slower
- b. go blue in their fingers, toes, lips
- c. snore or gurgle
- a. slip in and out of consciousness
- b. any or all of the above

YOU ARE MOST LIKELY TO OVERDOES

- a. as soon as you have a shot
- b. 10-15 years after getting clean, probably in the middle of an NA meeting
- c. up to three hours after having a shot

IF YOUR MATE IS ON THE ROAD AND HER HEAD IS TILTED RIGHT BACK, YOU SHOULD

- a. stick a condom on a zucchini, insert it in her mouth, and take photos
- b. wake her up and move her head so it doesn't block her airway
- c. pash her, and if she wakes up, claim she dreamt it

YOU SHOULDN'T SCORE AFTER YOU'VE BEEN NARCANED BECUASE

- a. you will get really sick
- b. you might still have Narcan in your system, won't feel the effects of your shot, be tempted to have too much, then overdose when the Narcan wears off
- c. you're in hospital

WHAT'S THE DIFFERENCE BETWEEN AN AGONIST AND AN ANTAGONIST?

- a. an agonist gets you a bit stoned, and an antagonist stops you getting stoned
- b. an agonist is a type of Catholic prayer, and an antagonist is a Spanish revolutionary
- c. an agonist stops you getting stoned, and an antagonist gets you a bit stoned

WHEN SHOULD YOU CALL AN AMBULANCE?

- a. as soon as somebody has overdosed
- b. when you've tried everything else and your mate stopped breathing half an hour ago
- c. when you're all drunk and have forgotten the Domino's number

WHICH IS WORSE

- a. calling an ambo, and have the neighbours know your a junkie
- b. your mate dying

ANSWERS

1. C is the answer, but A and B are definite possibilities.
2. They're all right, but B is the rightest.
3. Don't fall into the trap of thinking you need to take everything at the same time to drop. Read the mag to find out how long other drugs will last in your body.
4. Definitely B. This will really decrease your chance of overdoses.
5. E. Different people react differently, so keep a close eye on anyone you're using with and ask them to keep an eye on you.
6. The answer is C, but that doesn't mean you can't drop immediately. About 20% of OD's occur immediately, but most happen a bit later. Just because someone is up and around doesn't mean they won't drop in an hour or two.

6. Obviously B
7. Another B
8. A
9. A. Don't be afraid to call them; if your mate comes around you can always call back and cancel. Ambulance officers can't arrest you, and the cops are not encouraged to arrest people for minor drug offences at an overdose. If you're worried about the cops, give your mate mouth to mouth for as long as you can before you have to split.
10. Do I really have to answer this one for you?

NEEDLE & SYRINGE PROGRAM LOCATIONS

QuiHN Brisbane (pp)

1 Hamilton Street, Bowen Hills QLD 4006
T 07 3620 8112 / Mon to Fri 8.30am – 4.30pm

QuiHN Cotton Tree (pp)

59 Sixth Ave, Cotton Tree QLD 4558
T 07 5443 9576 / Mon to Fri 8.30am – 4.30pm

QuiHN Gold Coast (pp)

Unit 12/89-99 West Burleigh Rd,
Burleigh Heads
T 07 5520 7900 / Mon to Fri 9am – 5pm

Beaudesert Hospital

64 Tina St, Beaudesert
T 07 5541 9111 / 24 hours 7 days

Beenleigh Community Health Centre

10-18 Mt Warren Blvd, Mt Warren Park
T 07 3290 9811 / Mon to Fri 8.30am – 4.40pm

Biala (pp) 270 Roma St, Brisbane

T 07 3837 5600 / Mon to Fri 9am – 12pm,
1pm – 4pm

Brisbane Youth Service

42 McLachlan St, Fortitude Valley
T 07 3620 2400 / Mon to Fri 8am – 5pm

Brown's Plains Community Health

Middle Rd & Wineglass Dr, Caboolture
T 07 3412 3100

Caboolture Community Health (pp)

McKean St, Caboolture
T 07 5433 8300 / Mon to Fri 8am – 4.30pm
AH Needle Dispensing Machine

Caloundra

2/B West Terrace, Caloundra
T 07 5436 8800 / Mon to Fri 8am – 4.30pm

Cherbourg Hospital

Fisher St, Cherbourg
T 07 4169 8889 / 24 hrs 7 days

Chinchilla

Slessar St, Chinchilla
T 07 4662 8889 / 24 hours 7 days

Dalby Hospital

Hospital Rd, Dalby
T 07 4669 0555 / 24 hours 7 days
AH Needle Dispensing Machine

Dunwich Health Service

Marie Rose Centre Cnr Petrie & Oxley Parade,
Dunwich T 07 3409 9059
7 days 9am – 12pm, 1pm – 4pm

Esk Hospital

30 Highlands St, Esk
T 07 5424 4600 / 24 hours 7 days

Gold Coast Integrated Care (pp)

8 High St, Southport
T 1300 004 242 / Mon to Fri 7am – 5pm

Goondir Health Service / Dalby

4 Jimbour St, Dalby
T 07 4679 5900 / Mon to Thu
8.30am - 4.45pm, Fri 8am - 2:30pm

Gympie Community Health

20 Alfred St, Gympie
T 07 5489 8690 / Mon to Fri 8.30am – 4pm

Inala Community Health (pp)

64 Wirraway Parade, Inala
T 07 3275 5353 / Mon to Fri 8.30am – 5pm

Inglewood Hospital

Cunningham Highway
07 4652 0888 / 7 days 7:30am – 4:30pm

Ipswich Sexual Health (pp)

Ipswich Health Plaza, 21 Bell St, Ipswich
T 07 3817 2428
Mon to Wed, Fri 8am – 4.30pm, Thu 8am – 5.30pm

AH Needle Dispensing Machine

Jandowae Hospital

13 Dalby St, Jandowae
T 07 4668 4555 / 24 hours 7 days

Kilcoy Hospital

12 Kropp St, Kilcoy
T 07 5422 4411 / 24 hours 7 days

Kingaroy Community Health

166 Youngman St, Kingaroy
T 07 4162 9220 / Mon to Fri 8.30am – 5pm

Laidley Rural Community Health

75 William St, Laidley
T 07 5466 8110 / 24 hours 7 days
AH Needle Dispensing Machine

Logan Central Community Health (pp)

97-103 Wembley Rd, Woodridge
T 07 3290 8900 / Mon to Fri 8am – 4.30pm

Maleny Memorial Hospital

17 Bean St, Maleny
T 07 5420 5000 / 24 hours 7 days

Millmerran

50 Commens St, Millmerran
T 07 4695 1211 / 24 hours 7 days

Murgon Hospital

Coronation Drive, Murgon
T 07 4169 9600 / 24 hours 7 days

Nambour Hospital (pp)

Cnr Mapleton & Hospitals Rd, Nambour
T 07 5470 6869 / 24 hours 7 days

Nanango Hospital

135 Brisbane St, Manago
T 07 4171 6700 / 24 hours 7 days

Noosa Community Health (pp)

14-16 Bottlebrush Ave, Noosa Heads
T 07 5449 5944 / Mon to Fri 8am – 4.30pm

North West Community Health

49 Corrigan St, Keperra
T 07 3335 8888 / Monday to Fri 8.30am – 5pm

Nundah Community Health

10 Nellie St, Nundah
T 07 3146 2300 / Mon to Fri 8.30am – 5pm

Proston Outpatients Clinic

Brigooda Rd, Proston
T 07 4168 9288 / Mon to Fri 8.30am – 11.30am

Redcliffe Community Health Centre (pp)

Redcliffe Health Campus, 181 Anzac Ave, Kippa-ring
T 07 3897 6300 / Mon to Fri 8am – 4.30pm

Redlands Community Health

Weippin St, Cleveland
T 07 3488 3200 / 24 hours 7 days
AH Needle Dispensing Machine

Stanthorpe Health Services

8 McGregor Terrace, Stanthorpe
T 07 4681 5251 / 24 hours 7 days
AH Needle Dispensing Machine

Strathpine / Pine Rivers Community Team

568 Gympie Rd, Strathpine
T 07 3817 6333 / Mon to Fri 8.30am – 5pm

Tara Hospital

15 Bilton St, Tara
T 07 4678 7900 / 24 hours 7 days

Texas Multipurpose Health Services

Mingoola Rd, Texas
T 07 4653 3200 / Mon to Fri 8.30am – 5pm

QuiHN Townsville

Level 1, 25 Sturt St
Townsville Qld 4810
T 0498 172 284

Toowoomba Sexual Health

Peachy St, Toowoomba
T 07 4616 6446 / 24 hours 7 days
AH Needle Dispensing Machine

Warwick Health Service

56 Locke St, Warwick
T 07 4660 3939 / 24 hours 7 days
AH Vending Machine

Wondai Hospital

73 Bramson St, Wondai
T 07 4169 2600 / 24 hours 7 days

Wynnum Hospital

Whites Rd, Lota
T 07 3893 8100 / 24 hours 7 days
AH Needle Dispensing Machine