

TRACKS

Illicit drug users
magazine

Issue 24
2018

ISSUE 24



Not for general distribution. This is a restricted publication available only through needle and syringe programs. It is strictly for illicit drug users only. QuIHN 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.

- QulHN's brothers in arms, the Australian drug user organisation network.
- AIVL (Australian Injecting and Illicit drug user's league)
- Peak national drug users organization.
- QuIVAA (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.

Tracks is a harm reduction / community magazine and, as such, we at QuIHN want your input. We know there is heaps of talent out there and great perspectives on some of the issues our community faces. There have been fantastic submissions of art, poetry and other articles in the past which we greatly appreciate but would love to have more pieces from our community to choose from. If your contribution is printed there is a voucher reimbursement, just remember to fill out our release forms when you make the submission to ensure we are able to use your work in a future issue.

One person told us what they were thinking of contributing:

"As a suggestion I can't help but observe tracks may appreciate an element of wry humor or some sort of attempt to replace the slapstick humor some of us hunger for now we don't see the old Oliver and Hardy or it's descendants on tele. Some skill and a sophisticated and developed understanding of what's required in tending to the healing properties of a belly laugh for your readership may be incredibly useful and in essence the longlost brother or spiritual sister reminder so many of us could do with. Or maybe that's just me. They're saying 'to me, "Come on, bro'. Lighten up a bit, and this is the place and the time to remind us of it. So there we are. I've had my two bobs worth. I suggest you include this email as part of a worthwhile entry in your mag. Who knows. It may draw some unintended interest from a more peculiar source and come to something good. Here's hoping."

Other ways you can be involved with our larger community:

- Becoming a member of QuIVAA
- Like and/or follow QuIHN and QuIVAA facebook pages
- Keep an eye on job opportunities at QuIHN and QuIVAA
- Volunteering with QuIHN
- Join the AIVL (The Australian Injecting and Illicit drug users League) elist.

FROM THE EDITORIAL TEAM

Seasonal greetings TRACKETEERS,

The intended theme for this issue is/was big pharma, as it plays such a big part in most of our lives in one way or another. Whether you're on opiate replacement therapy, had or having treatment for hep C, using hiuadoid to reduce the vain damage created by injecting, or using vitamins to boost your immunity, most of our community can't escape big pharma. However, the final draft doesn't reflect this as much as we'd first planned, and I'd like to offer an explanation as to why that is.

It started when a QulHN staff member discovered a piece of art online that incorporated the boxes of many brands and types of big pharma opioids, that the artist had been prescribed after an accident. It also turned out that the artist (who shall remain nameless for this editorial), was a well-known local guy, his art quite famous. I eagerly jotted down the artist's details and messaged him, with a couple of links to earlier issues of TRACKS. The artist was flattered and keen as mustard, as they say, so more than a few messages went back and forth between us. Meanwhile behind the scenes the TRACKS committee were pretty pleased with ourselves, acquiring such a piece of art for the cover, we planned the theme around it. I asked the artist if he'd consider being interviewed about his journey. He replied that sure he'd be happy to. So, I spent an afternoon excitedly comprising questions for him, then messaged them off to him asking for his feedback on our little mag that could. Then I waited for his response, and waited, and waited, and waited. I messaged him again as a friendly reminder, then continued to wait. I found him on facebook thinking maybe he'd been ill, but no he had posted something that day, so I commented on his post a friendly "don't forget about us, message me please", then I waited some more, and then some more. Eventually I had to face the fact that this talented open-minded (?) individual had ghosted me or more upsettingly has ghosted TRACKS altogether.

Ghosted definition: end a personal relationship with (someone) by suddenly and without explanation withdrawing from all communication.

This completely does my head in, like I've been slapped with a cold fish called stigma, and it hurts. Stigma, no matter how small, hurts every time. I want to respond, to educate, but can't think how I can best go about this, because it still hurts. I would love some suggestions around this dilemma. What would you do? How would you respond? Would you respond? Am I just being a drama queen? Maybe? I really need your opinions on this.

Luckily in the midst of these happenings I met Gary and Channel. You'll meet them too once you venture inside. Gary's paintings while not so much portraying big pharma are much better than any unnamed artist art, less judging too.

The first character you'll come across as you enter the magick space that is ISSUE 24 will be QulHN CEO Geoff Davey (Mr GoTo as I call him because in 15 years of asking him obscure questions, he's always known the answer, and the right one too. I find that impressive). Geoff's in Townsville supporting the team and cutting ribbons for openings or sum such, as you'll see for yourselves.

Stroll on a bit further, through the many quotes on drugs by famous folk we love, and you'll meet Mary, QulHN's nurse practitioner, who graciously agreed to be interviewed, to give you a little inside peek into QulHN's Treatment and Management Program (TMP) from her point of view.

I hope you catch "I blame peas", one woman's story of the hypocrisy of the drug war. She's been overheard mumbling "People who don't feel the need to escape this place are the ones we've got to worry about".

You'll also find our word search, (which I really hope works, I'm assured it does) without having to search too hard.

Toward the end of this issue before you leave please read with interest an article on deadspace. "WTF is deadspace?" I hear you ask. You'll have to read it for yourself to find out.

Of course, you'll stumble over the usual poems, feedback and stories submitted by you our talented consumers.

Finally, QulHN would like to wish everyone well from the holidays through to 2019. In the most inclusive way, without pissing anyone off, we'd like to wish all QulHN clients and TRACKS readers (that's you) very happy holidays, whatever that means for you-Felices Fiestas! , 節日快樂, Hạnh phúc ngày, Masaya pista opisyal, Laethanta saoire sona, Trevlig Helg!, Boas Festas! , ἄγαπᾶ.

Remember to stock up on naloxone as a safety net to over "celebrating" this festive season, and use with a friend when you can, more fun that way. Sharing your drugs but not the equipment you use to use it, is always the safest approach.

May your drug use always be safe and your picks always sharp. We'll meet you just around the corner, in 2019.

The TRACKS committee



TRACKS

Illicit drug users magazine

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QuiHN'S VISION

To provide high quality innovative services that empower, include and support people at any stage of their drug use.

QuiHN'S PURPOSE

To deliver specialist services relating to the illicit use of drugs by responding to the diverse needs of clients and the wider community in Queensland.

GOALS

1. Extend accessibility
2. Evolve services
3. Enhance capacity
4. Ensure sustainability and stability

SERVICES

- Harm Reduction Services (such as Needle Syringe Programs (NSPs), peer education and infection control sessions (QUICS), onsite and outreach programs, education, information provision, and brief interventions)
- Demand Reduction Services (such as therapeutic programs for people wishing to reduce or cease their alcohol and other drug use with a dual diagnosis focus (drug use and mental health))
- Welfare support and support groups aiming to encourage and enhance individual objectives, when practicable
- Education, training and work force development around Alcohol and Other Drugs for other service providers.

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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NSP- CHRISTMAS HOURS

**"I don't like people who
take drugs...customs
men for example."**

- Mick Miller



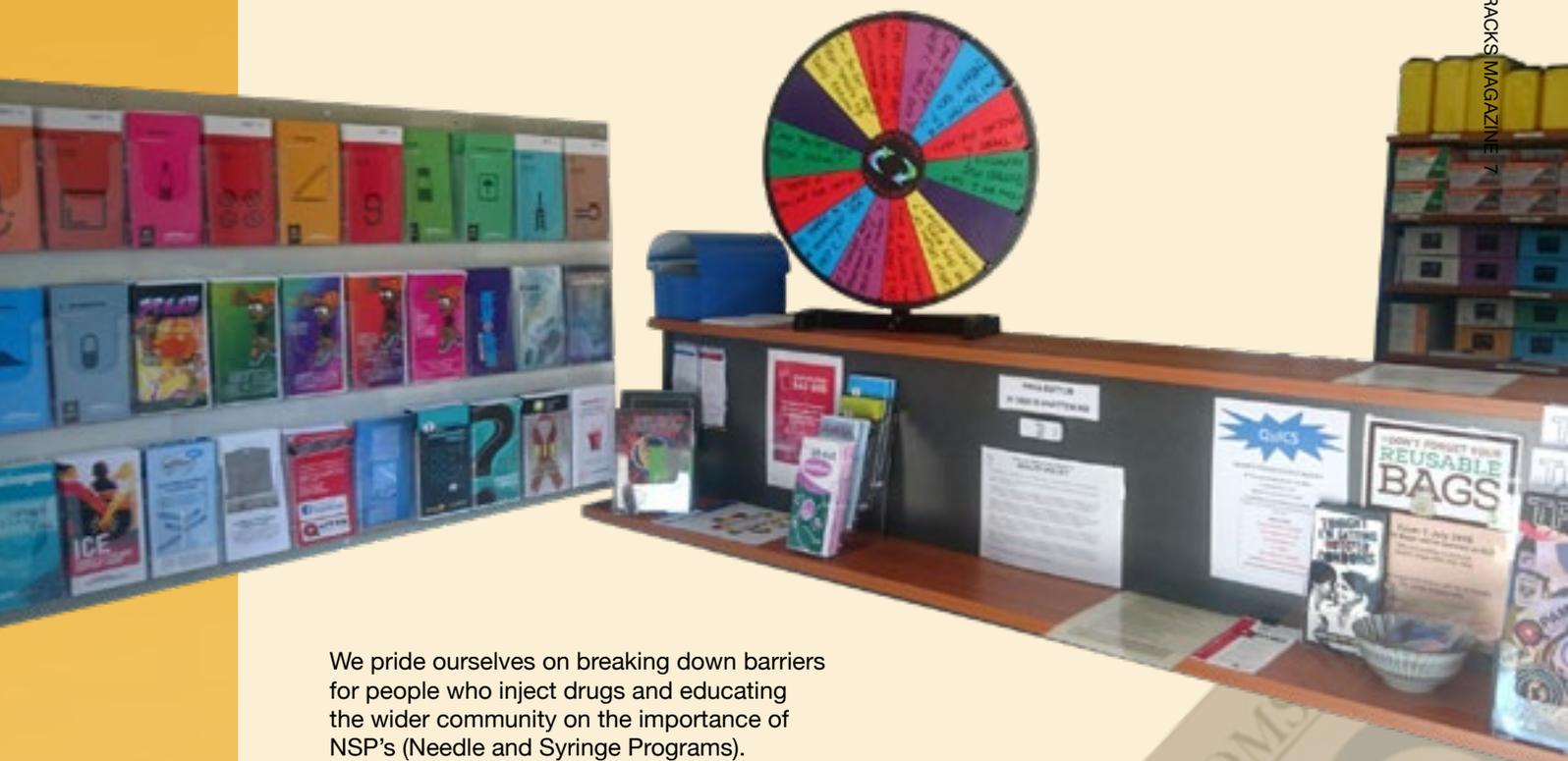
OPEN FOR BUSINESS

If you have been keeping up with previous issues of TRACKS you would know, here in Townsville we do a lot of outreach work in the community.

"Drugs will have a huge effect on my work for the rest of my life, whether I'm using or not."

– Layne Staley





We pride ourselves on breaking down barriers for people who inject drugs and educating the wider community on the importance of NSP's (Needle and Syringe Programs).

We are always asked "what's a NSP?" and we are happy to explain, that for us it also means –

N= *Non-judgemental, Professional approach*

S= *Supply equipment and record statistics*

P= *Provide information, referral, support and assessment as required.*

So, the big news? Well in the spirit of offering options, as many as we can! Because people are different, and require different things, we have opened our very own fixed site primary Needle and Syringe Program!

We are located at 47 Thuringowa Drive in Kirwan and we love visitors.

Feel free to drop in and "spin the wheel" and win a prize or attend our community BBQ's (the fourth Thursday of the month) and chat with our awesome volunteers and harm reduction workers anytime.

Our NSP is accessible from the back where you will also find discrete car parking available.

If you or your friends and/or family are needing sterile injecting equipment and are in the area, spread the word, we may be a town of 185,000 but we still find the "bush telegraph" the most effective form of communication.

Did I mention we have a free condom vending machine?

There is so much more, you really need to see it for yourself!



YOUR DOCTOR....

I was diagnosed with schizophrenia 20 years ago. On powerful meds every night. Blood tests every month. Strangers think I have been shooting up for most of my life as I have lots of scar tissue on my arms. I stayed well for the entire time, took my meds every day. Saw the psychiatrist every month. Went to UNI, got a scholarship and very high qualifications.

Graduated UNI, got some well-paying work for about five years. Then I lost my job, moved to Northern NSW. I stopped seeing a doctor, went off my meds and got pretty sick. I decided to stop wearing shoes. I remember walking barefoot along a bitumen road in 36-degree heat. My feet developed really good hard skin padding. I thought I could predict who would win horse races. I started to think I was psychic. My sister later told me that I was saying really crazy things, she said "even I wanted to stab you".

I remember sitting in the mental health hospital waiting room for 5 hours. It was a good hospital but was pretty full and hard to get into.

Then I lost 2 ½ months of my life. During that time, I had over 25 ECT's. My current treating doctor said to me "You must have been a handful". I was in a locked ward. Then inside that locked ward was another locked ward. I remember little things of that, there was a girl in there in a wheelchair with burns all over her body. Maybe a failed suicide attempt. I have heard of people drinking Draino because the voices told them to. She was nice to me and I was nice to her. I remember the hospital dining room. I remember the pool table with all the balls removed. Maybe to stop people throwing them.

All I remember of coming back from insanity was the smell of plastic from the mouth covering they use to give you anaesthetic. I then remember going under the anaesthetic. I remember waking up, there was a nurse there saying, "You'll be alright, you are ok". I could tell she was insincere. She hated my guts. I thought to myself "fucking insincere bitch".

Apparently, the change back to normal was overnight. I asked my sister "What am I doing in here?". She later told me that she thought that I was the sickest person in the hospital. My other sister told me "You were lucky to come back at all, some people never come back".

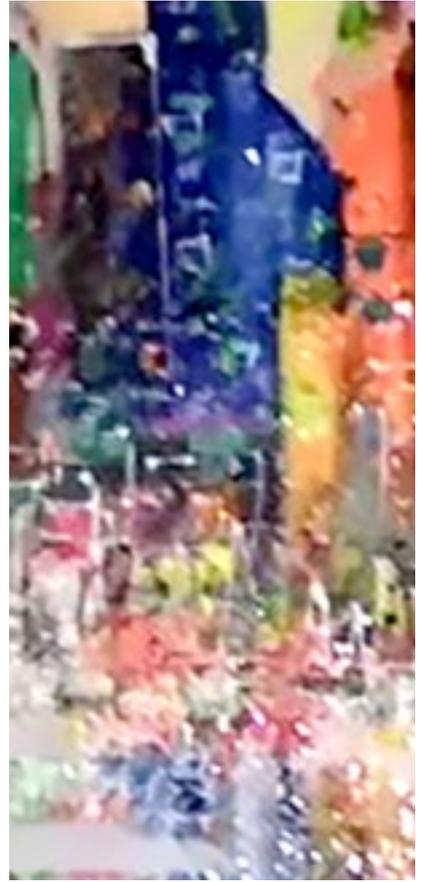
So now I am on a much larger dose of medication morning and night. When I travel I have to take a medication pack with me. The pills rattle around in the pack, it is hard to walk quietly.



"Considering the fact that I've used it in the past, and know what it is, and seen the results of it, I don't view marijuana as a dangerous drug."

– *Tim Robbins*

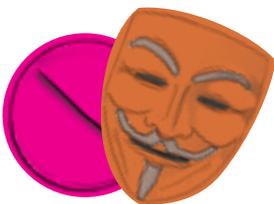




INTERVIEW WITH GARY

"Reality is just a crutch for people who can't cope with drugs."

– Robin Williams



Hi Gary, thank you for agreeing to be interviewed for this issue of TRACKS,

When we first met, you and your chihuahua Chanel were travelling together in an old van full of character, outside and inside. Outside was slightly scuffed and dented, telling of many miles travelled off the beaten track. When I peeked inside, a little white dog sprung up at me through the window, making me jump and laugh. I looked past her to the amazing colour that lit up the inside of your van, shinning from many brightly painted canvases, filling your van with warmth, and welcome. During our following conversation I decided, you and your van aren't that different. As I always tell people who kind are enough to agree to an interview, "just answer what questions you want to. It's not a problem if you leave some questions unanswered, but of course that will leave me to contemplate what you have to hide. If you're fine with that, let's get into it".



**"I never took hallucinogenic drugs because I never wanted my consciousness expanded one unnecessary iota."
– Fran Lebowitz**



TC: Have you ever been to art school?

Gary: No, I've never been to art school.

TC: When were you first inspired to paint? Could you share a little of your journey with us please? Including the nitty gritty, or should I say especially the nitty gritty, we on the committee love the nitty gritty.

Gary: I was first inspired to paint about 15 years ago buy Davis Hart (Pro Hart's son). I loved the bright colours he uses.

TC: Tell us a little about your paintings? They are amazing, where do you get your ideas from?

Gary: As I've said I love to use bright colours. I feel a painting should have a wow factor, for the people who are looking at my art. I have always had a creative mind and creating my paintings relaxes me to a point I forget about everything else, and sometimes that's just what I need.

TC: Do you believe anyone can be an artist, if they have enough faith in themselves?

Gary: Without a doubt, anyone can paint. Everybody needs a bit of colour in their life.

TC: I started painting when I was on the old Hepatitis C treatment. For me it was about finding my happy, because it was during a time I was scared I might lose it. Is painting your happy, does it sometimes keep you sane?

Gary: Definitely, painting has kept me sane AND kept me from going back to prison. For 7-8 years I painted 7 days a week. When I don't have a canvas, I feel naked and with nothing to do.

TC: Is Chanel a good travelling companion, or does she use your toothbrush when you're not looking?

Gary: I have had Chanel for 8years, she is 12 now. Chanel is my best mate and she saved me from depression after my marriage break up.

TC: During your travels and art, what have you learnt about yourself and others?

Gary: That it's best to be compassionate and considerate of others and to always give a helping hand when needed.

TC: Regrets?

Gary: If I had my life over again, I would be sure to put a lot more into my marriage. I'd stay away from sex, drugs, and rock and roll, well maybe not the sex.

TC: What is your favourite colour and why?

Gary: My favourite colours are blue and turquoise, because they remind me of the ocean.

TC: What is your favourite sauce and why?

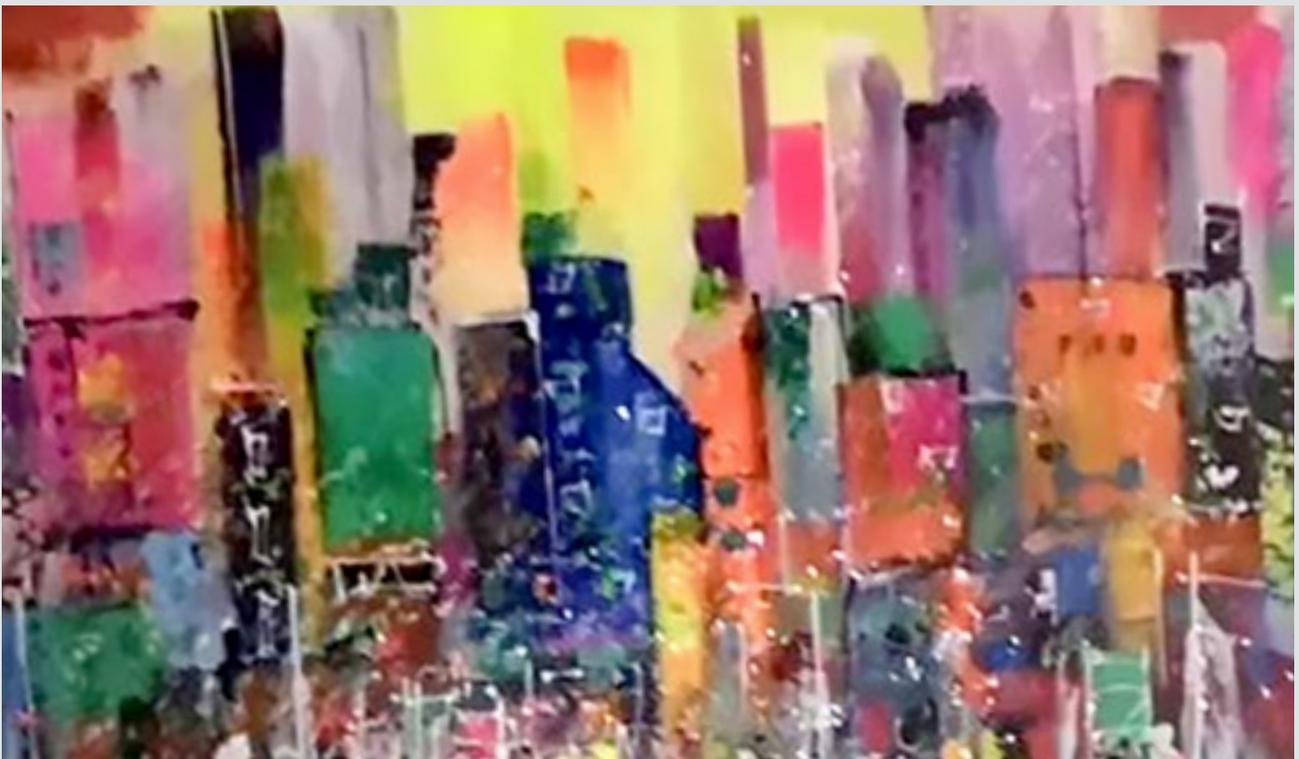
Gary: *(Laughs)* Tomato because it goes with most things.

TC: If you were a painting would you be a cityscape, country scape, or seascape?

Gary: If I were a painting, I would be a sea scape. I love the ocean, and seascapes have always been my post popular paintings, when it comes to selling them.

TC: A million painted thank yous to you Gary, for taking the time to answer these questions.

Picasso would be proud of you. I know I am.



BROADCAST : _RUST TO RICHES_

LIKE A RUSTY SWORD DISCOVERED IN THE DEPTHS OF THE GOLDEN SANDS IN EGYPT. I STOOD BEFORE THE WORLD WITH A HISTORY THAT BARED THE BLOOD AND TRAGEDY OF A THOUSAND EVIL SECRETS. EVERY SCRATCH, EVERY DINT, EVERY BROKEN BONE REPRESENTS A MOMENT OF CATASTROPHIC DISASTER FROM MY PAST, THAT LAY WITH ME, MARRED UPON MY BODY FOR THE MASSES TO GAWK AT. AT A TIME IN MY LIFE I HAD LOST ALL HOPE OF DREAMING, ALL THE DAYS WERE DARK AND ALL I HEARD WAS SCREAMING. THE DAILY TRUDGE WAS DESTROYING MY BODY, AND MY MIND IT WAS ERODING. THERE SEEMS TO BE NO END; I ALWAYS HURT. I FEARED ETERNAL LOATHING. EACH TIME I TRIED I FELL IN PAIN, WITH BLOOD SCRATCHED ON MY KNEES. I LOOKED UP TO THE SKY ABOVE AND SCREAMED TO IT GOD PLEASE! I KEPT FIGHTING EACH DAY LIKE THIS FOR HOW MANY I CANNOT SAY. THOUGH ONE DAY I DID AWAKE AND FEEL THERE WAS NO LONGER WAS A CAGE. FREEDOM CAME INTO MY LIFE WITH A MIGHTY FLASH OF POWER. A RESULT OF MY ENDURANCE; THROUGH THE GOALS THAT I DEVoured. AND HERE I STAND BEFORE YOU ALL; AN EXAMPLE YOU CAN SEE. A LIFE THAT SHINES CAN BE ATTAINED, BY THE LIKES EVEN OF ME. GAWK AT ME THEY MAY, FOR TODAY I AM A POLISHED AND SHIMMERING SWORD, MARRED WITH THE GLORIES OF WISDOM DISCOVERED THROUGH A JOURNEY OF HEARTACHE. IN A GLASS CABINET OF OPENNESS AND HONESTY I STAND FOR THE WORLD TO SEE I NO LONGER CRY WHEN PEOPLE LOOK AT ME. I LOOK AT THEM EYE TO EYE WITH COURAGE AS THE SCARS OF MY PAST TEACH ABOUT THE POSSIBILITIES TO DREAM OF A LIFE THAT'S FREE. BY JUSTIN MORRIS



To the wonderful staff at QUIHN & QUIVAA,

As I partake in an Expert Advisory Panel (E.A.P) meeting at QUIHN I feel honoured to be included in discussions which impact the treatment & lives of people who inject drugs. (P.W.I.D). There are many learned people at these meetings, but what I bring to the table is decades of lived experience in injecting drug use (I.D.U.) During these acronym littered talks we are discussed with the utmost respect. We are, after all, grandparents, parents, brothers, sisters & friends. We come from all walks of life, but the illegality of our illicit drug use sets us apart, often stigmatised. In any other workplace my injecting drug use (I.D.U.) would be my dirty little secret.

I spent years paranoid & praying that none of my workmates would see me at the chemist after work dosing on Methadone. In some ways I've



found a home at QUIHN, where my prior "dirty little secret" is the very attribute that qualifies me for the job I do. Ain't life strange?

This is a "thank you" letter to all you wonderful people who've given us back our humanity. You make this act seem effortless. Though like that duck which glides gracefully across the lake, I know you are all paddling like crazy under the surface. So "Thank you" for all the hard work you do in a difficult field with little or no acclamation. I've canvassed injecting drug user (IDU) friends & the general consensus is that you people are humble heroes & we appreciate & need your acceptance of us.

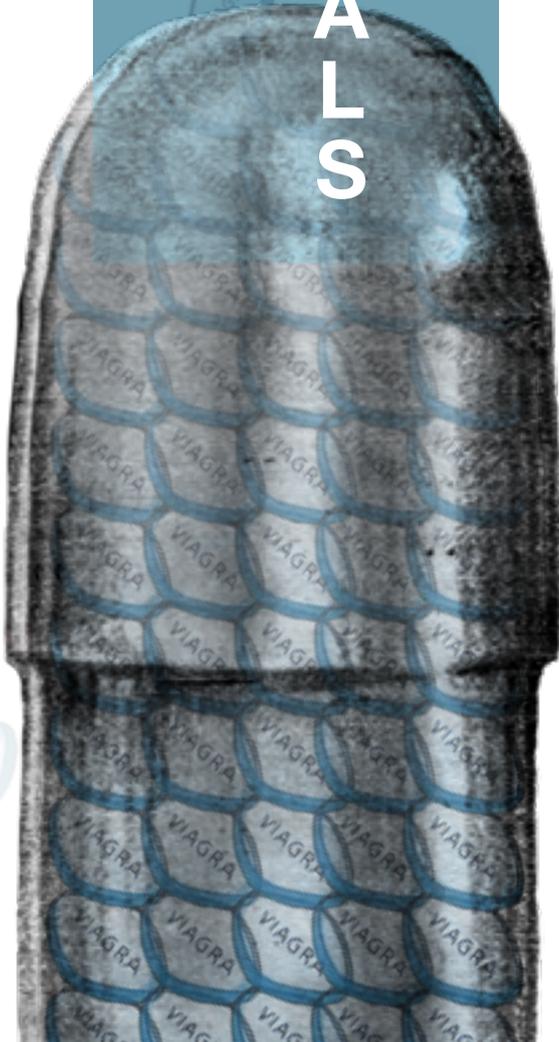
Sincerely Jen & Friends
(Jennifer-Anne Jones)
Consumer Rep for QUIHN



**"And as far as I'm concerned, it's like I say, drugs are not the problem. Other stuff is the problem."
– Jerry Garcia**



SEX PHARMACEUTICALS



VIAGRA AT 50MG OR 100MG HELPED APPROXIMATELY 4 OUT OF 5 MEN GET AND KEEP ERECTIONS HARD ENOUGH FOR SEX

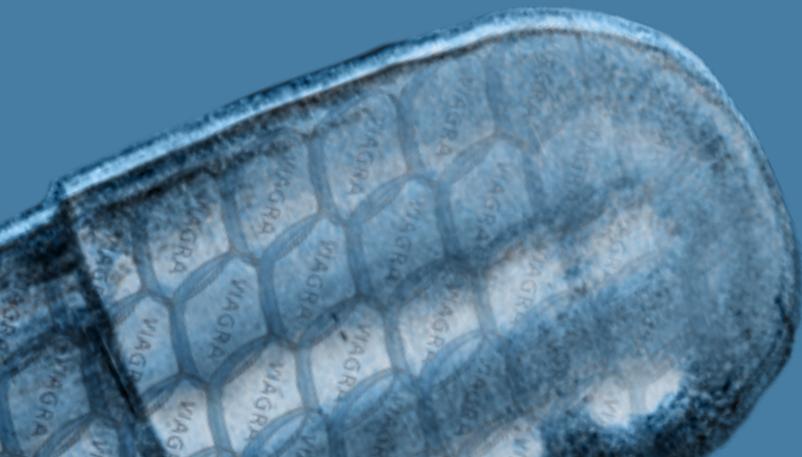
72% 80% AND 85% OF THE PATIENTS ON 25MG 50MG AND 100MG OF VIAGRA RESPECTIVELY ACHIEVED ERECTIONS HARD ENOUGH FOR SEX COMPARED TO 50% ON PLACEBO. ALSO, MEN TAKING VIAGRA SHOWED AN IMPROVEMENT IN THEIR ABILITY TO GET AND KEEP AN ERECTION VERSUS THOSE WHO TOOK PLACEBO.

FOR MOST MEN-

- The recommended dose is 50mg. Based on effectiveness and tolerance, the dose may be increased to a maximum recommended dose of 100mg or decreased to 25mg. The maximum recommended dosing frequency is once per day.
- Be sure to tell your doctor about all the medications you take or any other medical conditions you have as your dose may need to be adjusted.

VIAGRA TAKEN WITH-

- **Methamphetamine.** Polydrug use that combines Meth with other drugs has been documented in several studies. These studies have tended to focus on street drugs such as ecstasy, cocaine, heroin and Ketamine.
- However, recent reports and research on the concurrent use of Meth and Viagra prior to and during sexual encounters, indicate that while Meth and Viagra are independently associated with high risk sexual behaviour, the behavioural risks and associated outcomes are significantly greater for users who combine both.



FREQUENT QUESTIONS

VIAGRA and ALCOHOL

Drinking Alcohol can decrease the blood which stays in your penis, which makes it harder for you to get an erection.



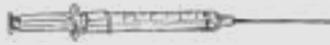
CAN VIAGRA BE HARMFUL

Drug interactions are possible with lots of common drugs including drugs for blood pressure, angina, blood thinners, and seizures. Viagra and the other phosphodiesterase 5 inhibitors are great drugs for the right men.



VIAGRA & STEROIDS

Viagra taken with steroids has been known to enhance athletic performance, particularly when used with anabolic steroids.



ALTERNATIVE PRESCRIPTION-ONLY PDE5 Inhibitors to Viagra include:

- Vardenafil - Brand Names; Levitra and Staxyn
- Tadalafil - Brand Names; Adcirca and Cialis



"Drugs shouldn't be used for recreation although they can be, but ultimately the point of psychedelics is to put you in touch with the powers of the universe."

– Ray Manzarek

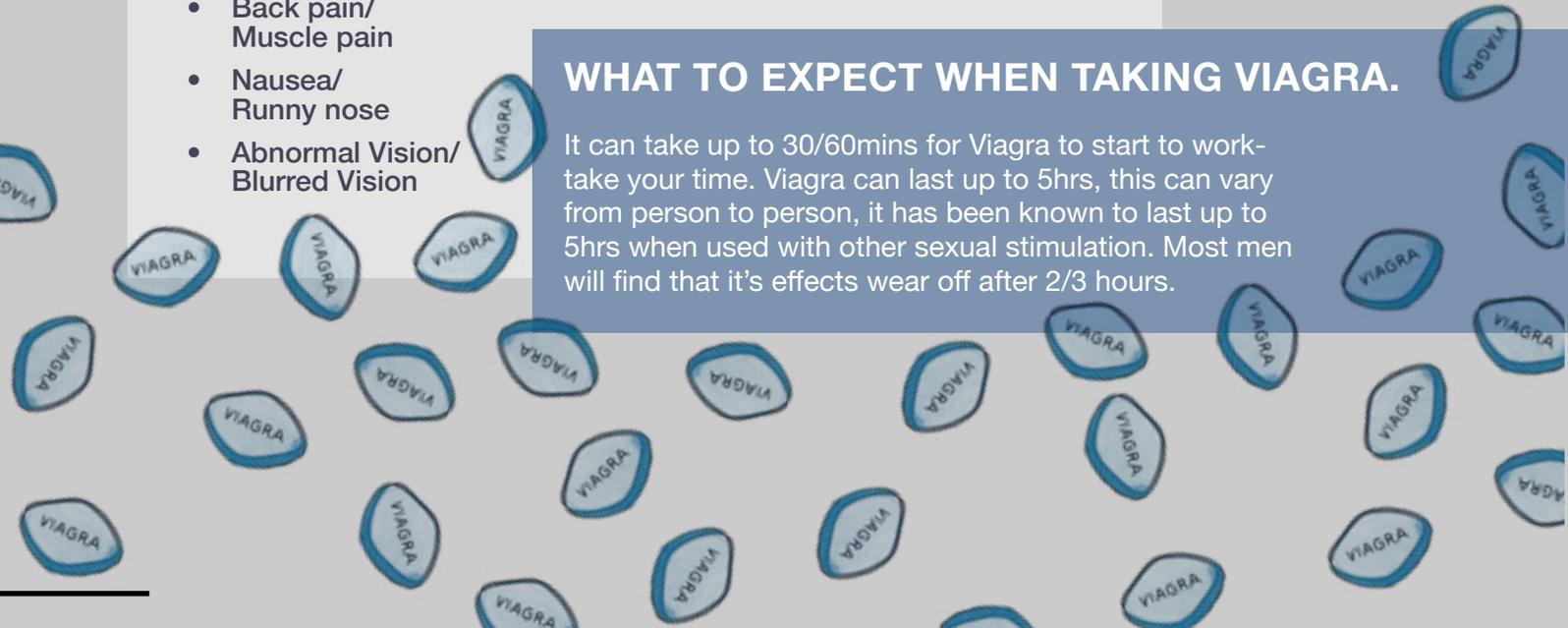


SIDE EFFECTS OF VIAGRA

- Headache
- Upset stomach/ Flushing
- Back pain/ Muscle pain
- Nausea/ Runny nose
- Abnormal Vision/ Blurred Vision

WHAT TO EXPECT WHEN TAKING VIAGRA.

It can take up to 30/60mins for Viagra to start to work-take your time. Viagra can last up to 5hrs, this can vary from person to person, it has been known to last up to 5hrs when used with other sexual stimulation. Most men will find that it's effects wear off after 2/3 hours.



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

antidepressants

benzodiazepine

cannabinoid

anesthetic

medicate

kapanol

antiviral a

narcotic

vaccine

targin

anti psychotics

prescription

classification

scheduling

compounds

steroid

nalgesic

inhalant

swallow

lyrica

pharmaceutical

mirtazapine

antibiotics

medication

stimulant

dose

naloxone

vitamin

opiates

pill

interactions

therapeutic

wheel filter

pregabalin

insulin

serotonin

sedative

codeine

chemist

Also called cody, sizzurp, syrup.

Codeine is a depressant drug which means that it slows down and interferes with the functioning of the brain and the body. Codeine belongs to a group of drugs known as opioids. In itself, it has little effect, however in most people it is converted to morphine in the liver which is how it works as a pain reliever. It is a prescription medicine which is prescribed by doctors to help people with pain management. Products containing codeine may be more widely known by their brand or trade name.

Generic Name

Aspirin and codeine

Ibuprofen and codeine

Paracetamol and codeine

Paracetamol, codeine and doxylamine

Trade Name

Aspalgin[®], Codral Cold & Flu Original[®]

Nurofen Plus[®]

Panadeine Forte[®], Panamax Co[®]

Mersyndol[®] and Mersyndol Forte[®], Panalgesic[®]1

What does it look like?

- Tablets or capsules
- Suppositories
- Soluble powders
- Liquids

How is it used?

- Commonly swallowed

What are the possible short-term effects?

People commonly use codeine for acute or short-term pain management. Some people may also use codeine to feel euphoric, or to feel relaxed. Other short-term effects include:

- Small pupils
- Slurred and slow speech
- Slow breathing
- Decreased heart rate or palpitations
- Sweating
- Cold clammy skin.

- Itchiness
- Drowsiness
- Dizziness
- Confusion
- Nausea / vomiting
- Stomach ache
- Constipation
- Difficulty urinating.

People who inject are at higher risk of additional harms such as:

- Blood-borne viruses
- Bacterial and fungal infection
- Damage to the circulatory system
- Increased likelihood of overdose.

Codeine affects people differently depending on a range of factors including how strong it is, dosage size, whether it is used with other drugs, and the individual characteristics of the person.

What are the possible long-term effects?

- Constipation
- Reduced sex drive
- Irregular periods
- Ulcers and internal bleeding
- Liver damage
- Kidney failure
- Heart attack

What are the signs of a codeine problem?

- Spending a great deal of time getting, using, or recovering from the effects
- Using in greater amounts, or for longer than originally planned
- Needing to use more to get the same effect
- Having cravings, difficulties stopping/reducing use
- Experiencing withdrawal symptoms
- Social problems including relationship issues, financial problems, impacts on study or work and legal problems

Thinking about cutting back or stopping?

The best option for people dependent on codeine is opioid treatment which should be discussed with your GP or local alcohol and drug treatment service. Withdrawal symptoms may be unpleasant, but will lessen over time. Withdrawal symptoms include diarrhoea, stomach and leg cramps, nausea, sweats and chills, increased heart rate, low mood, anxiety, irritability, poor sleep and cravings.

Codeine use and pregnancy

Codeine use may increase the risk of miscarriage, premature delivery and low birth weight. Regular codeine use throughout pregnancy can cause the baby once born, to experience withdrawal symptoms. For people who are concerned about their codeine use while pregnant or breastfeeding, it is important to talk to your doctor or health professional.

What help is available?

ADIS is a 24 hour, 7 day a week confidential support service for people in Queensland with alcohol and other drug concerns, their loved ones and health professionals.

Talk to us. Anytime, anywhere.
1800 177 833

What should I do in an emergency?

Signs of a codeine overdose may include:

- Very slow breathing and/or gurgling sounds
- Slow heart rate
- Low body temperature
- Muscle twitching
- Cold clammy skin
- Blue lips and fingertips
- Skin with a bluish tinge
- Vomiting
- Confusion
- Drowsiness
- Loss of consciousness.

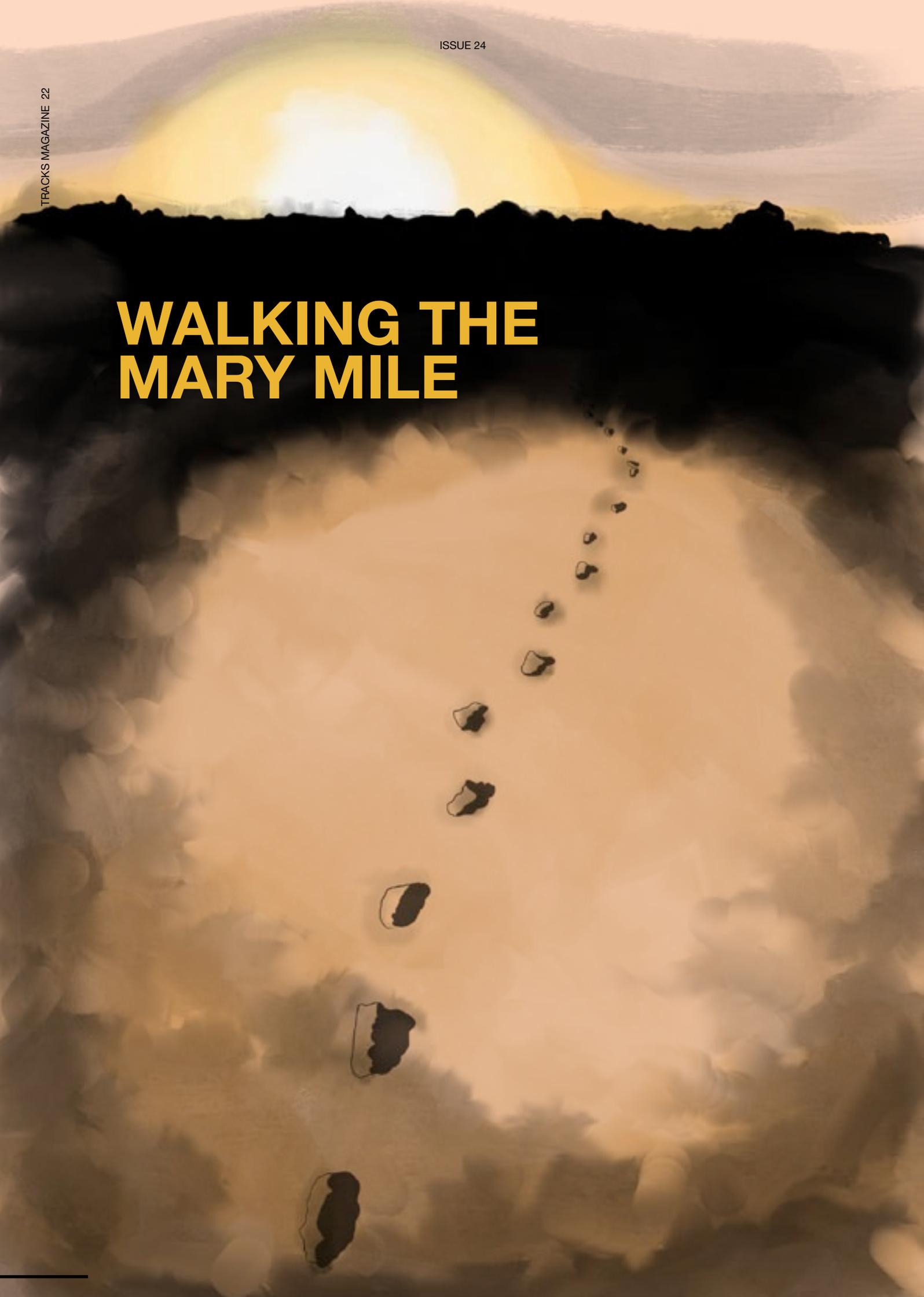
If the person has collapsed or lost consciousness, call an ambulance on **triple zero (000)**. If they have stopped breathing commence CPR. If they are breathing normally, place them into the recovery position and continue to monitor them.



Naloxone is a drug that can reverse an opioid overdose. It is short acting, non-addictive and it is given by injection into the muscles of the thigh of the overdosed person. It is available as an over-the-counter medication or via a script from a GP. It is recommended that anyone using opioids in a risky way should have immediate access to naloxone either to be administered to them in the event of an opioid overdose or to administer to another person who has overdosed.

For more information about naloxone speak to your doctor, local needle and syringe program or contact ADIS on **1800 177 833**.

WALKING THE MARY MILE



HI MARY, THANK YOU SO MUCH FOR AGREEING TO BE INTERVIEWED BY THE COMMITTEE FOR TRACKS.

QUIHN IS KNOWN FOR EMPLOYING ONLY THE COOLEST OF KIDS.

Since you've arrived I've noticed what a naturally cool kid you are. Our punters trust you, and you make us look cooler than we already do, if that's possible. This is a fairly relaxed process. Your answers can be long or short, that's fine, simple or detailed, that's fine too. If there's a question you don't want to answer, that's also fine. If you want to change the order of the questions, of course that's fine. The only thing that is not fine is guessing or making up answers. If you're not sure of an answer that really is fine, but guessing answers, or making them up, is not fine at all, as I've learnt in the past.

TC: First the basics. You are a nurse practitioner, what exactly is that? How do you differ from a regular nurse, or a general practitioner? Some, like me, find the difference a little confusing.

MF: Hey Fiona, first of all let me thank you for the invite to submit a little to the Tracks magazine and especially take the opportunity to showcase who and what a Nurse Practitioner is. An NP (as we are often referred to) is a specialist nurse who on top of providing the usual nursing care, has been trained and authorised to order investigations, diagnose on the basis of these and prescribe treatment or medication within a selected scope or area of practice. My specialised area is in Liver disease and especially chronic Hepatitis C. There are about two thousand NPs in Australia at the moment and the first NP started in 2000, but NPs have been practicing in other countries for many years. In Australia the title of NP is protected by law and a nurse can only use this title if he or she is qualified and is registered as an NP. There are NPs in many areas such as, Emergency, Sexual Health, Alcohol & Drug, Mental Health, Palliative Care, just to mention a few.

TC: Now to the beginning. When did you first take an interest in everything Hepatitis C, or as I call it the 3Ts, (Transmission, Testing, and Treatment)? I mean, when you and I were young, there were no nurse practitioners, and Hep C didn't even have a name. So, how did the inception of these 2 events collide to marry up in your life?

MF: Aaaaggggh very good question, Fi. I began working in the Hepatitis C area at the end of 1999. This was when treatment with Interferon was really beginning to "ramp up" and my role was to establish a shared care project which involved general practitioners in the monitoring of patients whilst on treatment. Back in those days we needed to keep a close eye on patients with respect to some pretty significant side effects, however, the capacity of liver clinics to do this was limited so we needed to involve people's gps. Prior to the project, I worked in the area of HIV/AIDS and Sexual Health. I was around when Hepatitis C first began to be noticed as an issue and I realised what a great role a NP could perform in such an area....particularly with such a marginalised and stigmatised group of people. I was a graduate of the first NP course at QUT in 2007.

TC: Many of us don't understand or appreciate the importance of drug interactions. Could you please clarify the necessity of being honest with your Hep C treatment provider about the drugs you're taking? I'm talking everything from, vitamins to weight loss remedies, over the counter meds like Ventolin, anti-inflammatories, cold and flu tabs, prescription drugs like opiates, dexamphetamine, Viagra, benzos, anti-biotics, anti-depressants, anti-psychotics, opiate substitution therapy meds, and steroids, as well as our illicit favourites meth, heroin, MDMA, GBH, acid, and whatever else might float your boat?

MF: The thing about direct acting antivirals which we are now using to treat hepatitis C is that they are metabolised through a particular pathway in the body known as the CYP450 – it is a very complex process but what it means is that the daa's OR the other substances that you are taking may either induce or inhibit the potency of the daa's OR the other substances that you are taking. This then becomes a safety issue as well as a treatment effectiveness issue, and that is the only reason why I as a clinician would want to know what other substances people are using so that I can check on a database and decide whether to prescribe a different daa. Some really common medications are things for gastric reflux or contraception.

TC: There are so many treatments for Hepatitis C now. The latest is just three pills once a day for 8 weeks. It's like the Rolls Royce of Hep C treatment. Why then, are some folk still prescribed earlier models/treatments?

MF: I don't really know why that would be happening Fiona or even if there is a good reason for it, but what I always try to do is discuss patients treatment options with them. Some people are good at taking tablets...such as three at once. Other people that I discuss this with would rather just do one per day for the extra four weeks. I think that it is important to give people the facts (response rates etc.) and then discuss and allow them to make the decision. It is their journey after all.

TC: You are QuIHN's only one-woman travelling Better Access clinic. What days and times are you in each region, and do you admit you prefer the Sunshine Coast over all other regions?

MF: Yeah, I clock up quite a few miles per week but I really enjoy the travelling. I love a road trip. I am half Irish and I think that perhaps I may have been a wandering minstrel in a past life! I love visiting all of the regions and I love to see the great work that is being done by the Harm Reduction Workers, Case Managers and Peer Support Workers in each region – Capalaba on a Wednesday fortnightly, Sunny Coast on a Thursday each fortnight, at the moment Burleigh on a Wednesday and Southport on a Friday fortnightly. We are hoping to extend this service to some other outer regions in the future. I think that it is really important to bring treatment to the people. Each region is different in how the clinics operate and I think that that difference is one of the great strengths of an outreach clinic. To be flexible, spontaneous and patient centered, and that is what I hope that we are. I am a bit spoiled though because each of the regions staff are ALL lovely and always really happy to see me coming...because by being there we are bringing care to people whom would otherwise not have the opportunity to access treatment. I have to admit though Fiona, on days when I am a little early on the Sunny, I take the scenic route to QuIHN and driving around that road at Alexandra Headlands will often cause me to gasp, it is so beautiful.

"BY BEING THERE WE ARE BRINGING CARE TO PEOPLE WHOM WOULD OTHERWISE NOT HAVE THE OPPORTUNITY TO ACCESS TREATMENT."

**"Kids are going to try drugs and alcohol; that's part of society."
– Jamie Lee Curtis**



"JUST BECAUSE YOU DON'T FEEL UNWELL WITH YOUR HEP DOESN'T NECESSARILY MEAN THAT IT IS NOT HAVING AN EFFECT ON YOUR BODY."

TC: During our last powwow, we discussed ongoing concerns for people who are Hepatitis C positive, despite the plethora of treatments available. You mentioned something that I've noticed myself, when supporting clients. That folk who have who have pre-existing complaints, or certain genetic conditions, could find those concerns exacerbated, if they contract hepatitis C. Meaning although Hep C is now easily treated, it is unwise to put off being treated for any amount of time, as other conditions, that may not be so easily treated, could be worsened if treatment is delayed. I know you are particularly passionate about this issue, so would you like to clarify a little more?

MF: I think that everyone should seriously consider treatment and for reasons involving their own health. We know that in those people who have successfully cleared the virus, the long term outcomes on their health are so much better than in those who have not. Just because you don't feel unwell with your hep doesn't necessarily mean that it is not having an effect on your body. Unfortunately, people have often only looked at hepatitis C as a "liver" disease. I can't imagine what it would be like to live with a chronic viral illness for a number of decades and the toll that takes on one's health. I am also still excited by how well people tell me that they feel once they have treated and are cleared. There are so many good reasons to treat your hep C.

TC: Mary from where you sit, and what you've seen, do you think the government's aim of eradicating hepatitis C from Australia by 2020, is realistic, or even possible?

MF: I am concerned about those people who have, as yet, not accessed treatment for whatever reason. I think that the target has been moved to 2030. I do not agree with "press ganging" people into treatment as it is an individual choice, however I would like to think that people are given that option – unfortunately there are still people who are undiagnosed or not being offered treatment. I know that everyone at QuiHN are doing as much as we can to ensure that as many people as possible have that choice.

TC: I've noticed your husband often spoils you, so I'm guessing he loves you a lot. Then while we were swapping doggy photos, your blue cattle dog is looking at the camera with such adoring eyes, I'm guessing he loves you a lot also. Are your husband and pooch two of the reasons you are so patient, non-judging, and caring with our clients, week in, week out? Because, while hurt people might hurt people, loved people can't help but love. In other words, do they help you stay sane?

MF: My lovely husband (otherwise known in our house as the minister for finance and the minister for employment) does spoil me, but hey, I deserve it. The other special boy in my life is my blue cattle dog called Bonza. Pets are the best therapy in the world and I love dogs. We have always had dogs in our house since I was a child. Now as far as patience goes; well my name is Mary and there are times when I can

be quite contrary! Just ask the Minister for Finance and Employment. Having said that none of our clients ever give me cause for this. I love working with this group of people and they have taught me so much and shared so much with me – I think that I am very lucky. There are days when I arrive home and call out "Darling where are you? I need a big hug." The neighbours think I am talking to my hubby but I'm not; it's the dog!

TC: Thanks so much for your time, may the force be with you. One final question I've been dying to ask you: if you were a canine, which breed would you be? You don't have to tell me why, but that won't stop me wondering?

MF: Well Fiona, because I love ALL dogs I think that I would have to be a Heinz – 57 varieties!!!

DRUGS

I tried to quiet up
drugs by blunking
Lou Reed

need to have a
problem - new!
enough Money!
and he got

Used to do drugs
but don't tell anyone or
it'll ruin my image
Caerthrey Lane!

I took drugs because
we all took blunps -
Marianne Faithfull

I don't like people who
take drugs in a
fashion -
Mark Mallan

I only get ill
when I give up drugs
Keith Richards

I don't do drugs anymore
than say, the average
Bull Terrier

Drugs made me
feel more
'Normal' Carrie
Fisher

you
drug

I'm
of
Spice

I've never had a
problem with drugs
I've had problems with the
police Keith Richards

people
people
people

I believe in perception
drugs I believe in feeling
better. David Leaf

Drugs are a hot with
your mind Morrison

I bought
a great and
close drugs
instead
Kurt
Cobain

Drugs were a
symptom - they
weren't the cause
of anything!
Wayne Kramer

Drugs were a
symptom - they
weren't the cause
of anything!
Wayne Kramer

Drugs were a
symptom - they
weren't the cause
of anything!
Wayne Kramer





"I wondered if I would talk about drug use. But I guess, why hide it?"
– Elliott Smith

I BLAME PEAS

THE SEEDS OF ADDICTION ARE SOWN BY MANY DIVERSE SIRES, BORN OF INVISIBLE WANTING WOMBS

Addiction isn't always created by childhood trauma. Although, childhood trauma can significantly retard one's growth when trying to reduce or stop problematic drug use.

Addiction isn't always fostered among those with low socioeconomic status'. Although, having a low socioeconomic status, undoubtedly limits the options of those who choose to control or quit using drugs.

Addiction doesn't always arise from the ashes of violent domestic situations. Although domestic situations that are violent change one's brain chemistry, fogging up the lenses through which we perceive autonomy and choice.

Neither does addiction always take root in the stigmatisation of folk, due to race, religion, sexuality, or gender. However, stigma and the effects of discrimination will increase the negatives of any situation 100-fold, and create negatives anew hand over fist.

Nor is addiction always encouraged by parents who use drugs, or growing up around drug use, allowing easy access and experimentation.

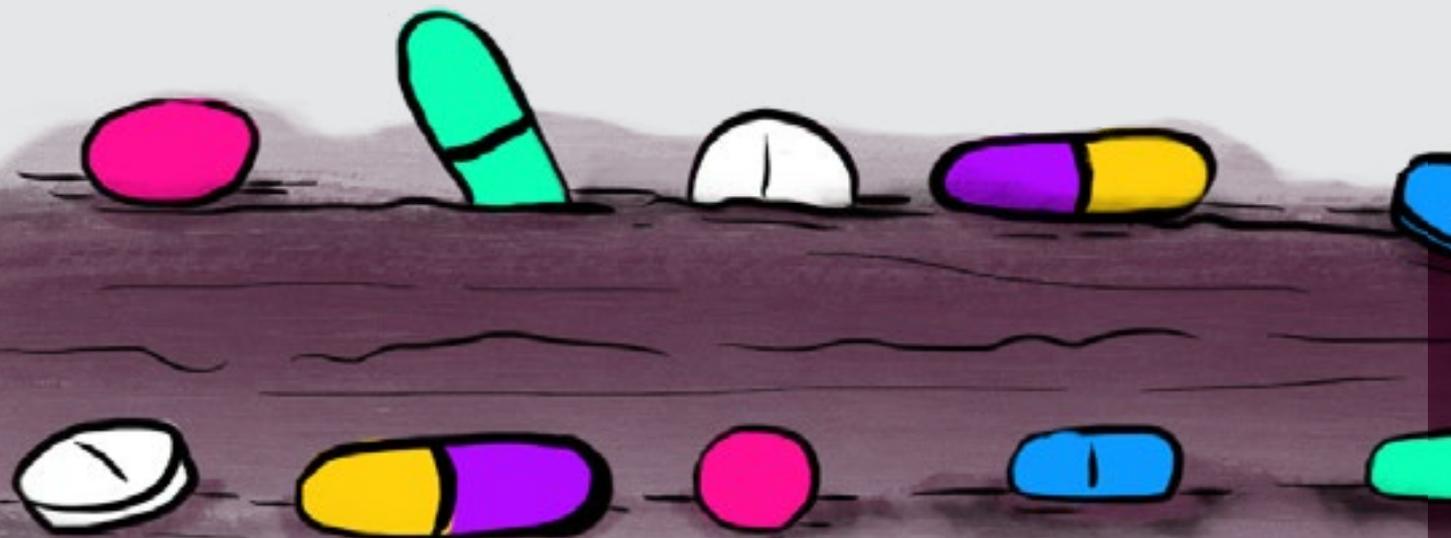
You would have to live under a rock, to not have drugs shoved rudely, uninvitedly into your consciousness, by schools, by media, by government, even by non-drug-using parents.

My mum and dad always told me "don't use drugs, drugs are really bad, and only really bad people use them". At that time, I didn't even know or care about drugs, their use, or their users. However, my parents warned me of their combined evils so often, I would have to be a dead hermit not to be intrigued by them.

Me? I BLAME PEAS. Those unassuming, dare I say wicked, little green pebbles, have a lot to answer for;

I.e. When I was young, like very young, like 7 or 8 or something, whenever we sat down at the dinner table, my parents would instruct my sister and me "be sure to eat up all your peas, because there's children starving to death overseas don't you know", which doesn't put much pressure on a child to eat up all their peas.

My little sister, who cried hysterically for a week, over the countdown video that showed a baby seal being clubbed to death looked beyond mortified, her bottom lip trembling. I reassured her, with my supreme big sister knowledge, "Pffft, there's no babies starving to death overseas Na. It's just another crazy lie told by stupid parents to make us kids eat peas, because peas taste like shit. Think about it. If babies were really starving to death overseas, mum and dad would be feeding them. Der, they're not monsters for God's sake", and this calmed her down, somewhat, at least for a little while.



As I grew older, as all non-conforming pea eaters must, toward an age where I could devise cleverer pea disposal methods, other things apart from the discarding of peas, started to drift into my line of thought.

The year I turned 13 was a busy year. One happy, bright but otherwise ordinary day, I saw on television for the first time a world vision ad. I remember it as if it were yesterday, blinking with disbelief at the nonsensical brown box. I can still feel the sting of tears, which preceded welling up in my eyes. The tears were an uncomfortable effect of what I very soon came to know as empathy. It would take years longer than that before I properly understood shame. Blood pounded in my head and throbbed so hard in my heart it hurt.

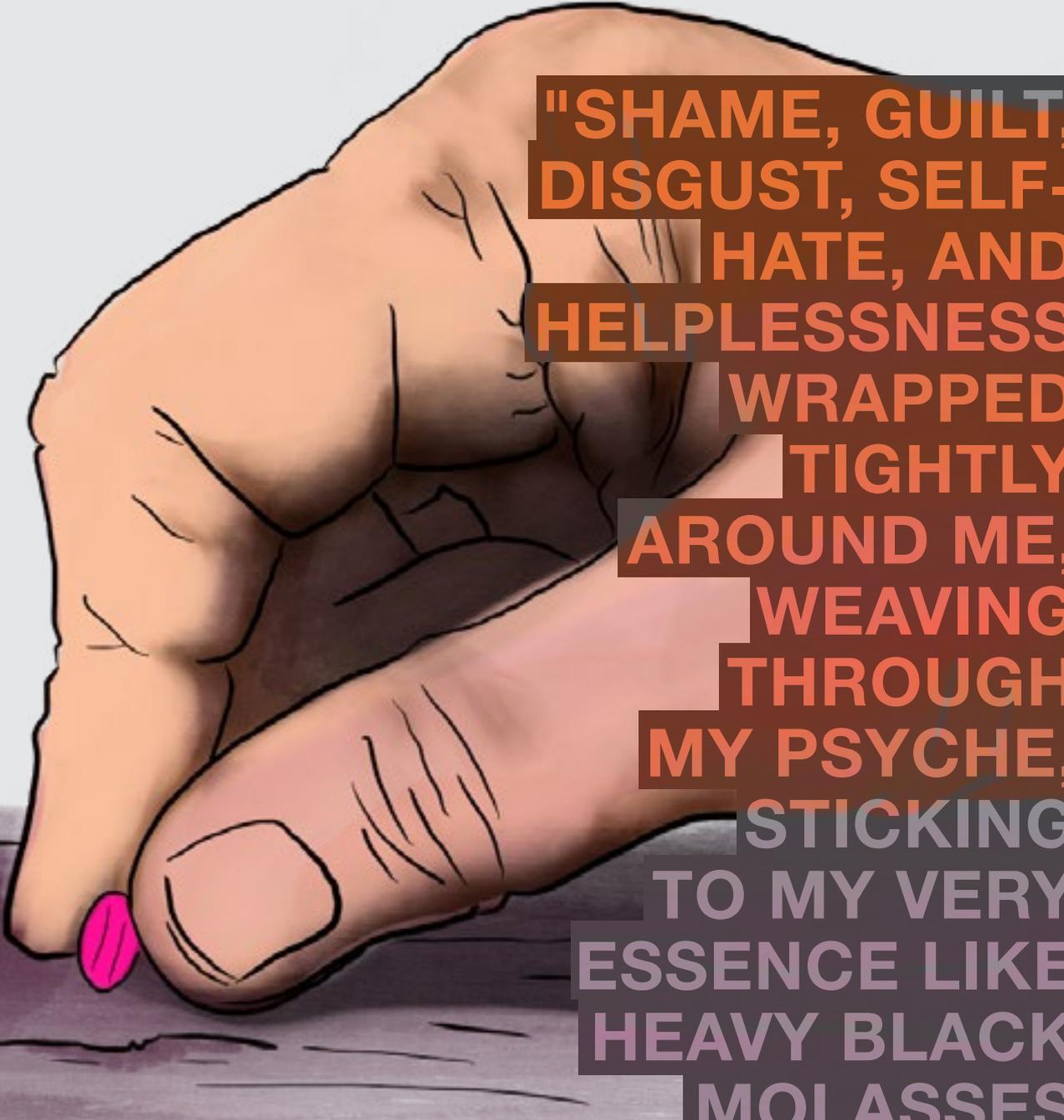
Looking back, I suspect I was having a panic attack.

From somewhere too deep inside me to properly define, I heard, or rather felt, a whisper 'there really are babies starving to death overseas, and please God no, flies are eating their eyes'. I felt my little sister's eyes shift suddenly, to focus on me intensely, cutting through my superiority like a laser, turning to ash my unintended treachery. Everything I thought I knew about my world, and the people in it, remained frozen to that moment with my next thought, 'and we're not feeding them'. I tasted bitter bile as it surged up my throat, for the first but far from the last time in my life.

Adults had known about these overseas starving babies since the dawn of the pea. Yet they chose not to give them food, or even some

Aeroguard, to keep the flies out of their eyes. They didn't even try to teach we young ones how to feed those hungry children. They only taught us kids, to be grateful we weren't those kids, starving, with our eyes being eaten by flies.

A new, disturbing feeling, which I came to know as a combination of shame, guilt, disgust, self-hate, and helplessness wrapped tightly around me, weaving through my psyche, sticking to my very essence like heavy black molasses, that wouldn't be, that couldn't be, shifted.



**"SHAME, GUILT,
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WRAPPED
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AROUND ME,
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THROUGH
MY PSYCHE,
STICKING
TO MY VERY
ESSENCE LIKE
HEAVY BLACK
MOLASSES**

I spent Christmas day of that year, tearfully ranting questions at my parents “how can you say drugs are bad and the people who use them are really bad, when YOU’RE LETTING BABIES STARVE TO DEATH? I mean, what is wrong with you people? Do I even come from here? Cause I feel like I don’t, I couldn’t. I’m pretty sure I come from a place where folk love each other, help and take care of each other, because I can feel that too. BUT HERE ISN’T IT!”

My mother responded without even blushing, “Fi, stop looking at the world through rose-coloured glasses, babies starve to death, and sometimes people hate each other, that’s just the way it is, it’s very complicated! Look you’re ruining Christmas for everyone, stop being so selfish and open your presents”. That’s when I knew for certain, my mum, my dad, in fact all adults, were monsters, and my life would never be, or could never be the same.

Those same Christmas holidays, I was offered a joint for the first time. My parents’ rhetoric skimmed through my mind, “drugs are bad, and only really bad people use them”. I thought ‘hell I’m a fucking badass monster.’ Born of monsters, how could I be anything else? So, I eagerly dragged on the offered scoob. Surprisingly, the beautiful healing smoke weakened the black cloud of self-loathing which had shadowed me since I’d seen the bile producing “world vision ad”. That brief encounter was like stumbling on an oasis, after a lifetime in the desert. So, I took another deeper take, and with each exhale my self-repugnancy reduced a little more. With a dopey smile, and half-closed bloodshot eyes, I carefully examined the faces of my 4 fellow drug using monsters. They too looked relieved, content; free even. We all hugged and giggled way too loud. We had finally found a place to sit in this world, where we could view our planet without hating everyone on it, especially ourselves. A place where we didn’t feel like the twisted monsters, we would be told we were, from then on. The more we smoked, the more we joked, the more we coughed the more we could scoff, and feel it was ok to be us. Imagine how ok I felt 12 years later, when I felt Nirvana pulsating through me, with my first taste of heroin.

Being 13 my future as a free-thinking rebel was taking shape. I suspected school wasn’t teaching me to think, instead just the opposite. I found my first true love but lost my only virginity. Meatloaf played on a continuous loop in my background. Doctors started prescribing dexamphetamine to children, some as young as three, as a means of behaviour control. I became very sad knowing there were so many “really bad” toddlers and children around. I stopped trusting doctors. I stopped trusting my parents. I had never trusted teachers, but from 13 onwards I didn’t trust anyone. I stopped listening to, or really caring about anyone as well, because life was a sham, a farce, a disappointing hypocrisy. I started smoking. I started experimenting with drugs. I started wearing this old white t-shirt, with a huge green cannabis leaf on it with the words “realise legalise” underneath. I had no clue what that meant, but it felt rebellious, so I wore it everywhere; a budding rebel who was yet to understand the cause.

My parents hated it, and that was enough. Yep it was a busy year.

The hardest lesson was discovering that, any paradise that demands the seeker be stoned to experience it, at best offers only the briefest glimpse of what's possible, and at worst is a total albeit temporary illusion. I spent the following 15 years trying to nail that illusion to my soul. My personal escape became my personal prison. I carried it on my back for all to see, like a tortoise's war-scarred shell, thick black molasses barely holding it together.

SO ANYWAY, I BLAME PEAS.

I was 40 before I had nothing left for the monster to ravage, before I learnt 'we have monsters, they don't have us', before I put it to rest. I stopped peeling and picking at the sticky black molasses from all that was left of my shell. I stopped focusing on those I couldn't trust

and learnt to trust myself. I stopped dwelling on what had been taken from me and started to give. I had nothing to offer really, except an unshakable belief in each person's right and power to change their story, if they choose to. Maybe not the beginning, but the ending for sure.

I started volunteering at my local needle and syringe program and spend many days supporting folk who are bravely naming and understanding their own monsters/demons/or whatever. I've listened to many encrypted, movie worthy stories without judgement. I forgive just about everyone, for just about everything, because at one time someone forgave me, and the healing of forgiveness can never be overstated. I sponsored one of those starving children, and when I saw his photo, dressed for school, looking well fed, and most importantly, no flies trying to eat his eyes, my heart burst with joy and purpose. Now I am part of the solution. My eyes still well up with tears, but they don't sting with shame, they brim with gratitude. Each day molasses dilutes and dissolves into the evergreen cosmos. I'm no longer at odds with the girl in the mirror. I reckon I've reached the pinnacle of fulfilment, through Grandmamahood, and most days life feels like bliss, and looks damn good from where I'm sitting now, happiness is no longer a myth. Best of all, there's hardly a monster in sight.

In fact, last I heard, they'd all moved to Canberra.

Out of the 5 who shared that first joint, two silenced their monsters, by ignoring them forevermore. We lost touch. One fought her monster for years, and now gets by denying it ever existed. Me? I could never totally dismiss my monster. I once loved it too much to ever do so with conviction, but it lives under my bed, where all good monsters should be kept. One of us could never totally reconcile with her monster. Sadly, she died from a fatal overdose in 99, before learning to do so. This missive is for her.

Be part of the solution, ask QUIHN about naloxone.





DEAD SPACE

The walls of bricks and mortar that house Biala never change, sharing much of my journey from withdrawal to methadone shenanigans, from many AOD trainings and consultations to the introduction of new injecting equipment. Walls might have ears, still I am thankful they don't have mouths, because the secrets they protect are intense and innumerable.

Since my first visit in 1991 I have aged significantly, but Biala, not at all. I visited Biala 12 months ago for the launch of Unisharp's IDU specific fits. A day filled with anticipation in the aftermath of Terumo unexpectedly changing the manufacturer of their 27g 1ml syringe. We wondered if this would be the perfect solution? The bright coloured syringes were a much-needed solution, but they were far from perfect. Since the launch consumers have stood together in highlighting flaws and needed improvements. Today Andrew Preston was delivering the official response from Unisharp.

Andrew looked as neat as ever, and was sincere when he stated, "I'm sorry, I'm really, really sorry, for the manufacturing inadequacies that you have made Unisharp aware of over the last year". He then gave us a very detailed explanation (with pictures) of our community's original concerns and the steps unisharp have taken to address those concerns. There is way too much technical detail for me to include here, but the bottom line is, it's worth giving Unisharp another try; if you haven't already. While we're on the subject, let me remind you of the 1ml options QulHN provides.

- Unisharp coloured 27g 1ml fixed needle syringes
- Terumo 29g 1ml fixed needle syringes
- Nipro 1ml detachable syringe, which comes with your choice of Nipro tip 27g, 26g, 25g (my personal favourite for aging veins. If it takes a few times to get your shot away, it's easier to just change the tip not the whole syringe). If you choose to try this option, or are using 3ml, 5ml, 10ml, 20ml please read below.

QulHN welcomes your feedback on all products and have decided that since we can once again order the 27g Terumo fixed needle syringe (made in Korea) we will stock them again giving you the increased choice.

Since QulHN has been working with Andrew, he has written a number of articles on injecting health. One of those articles is around the “dead space” that exists in detachable syringes. Originally the committee wanted to reproduce the article for TRACKS. When we discovered the article was 16 pages long, we decided to print the most relevant points here and invite you to either access the full booklet online or ask your local NSP workers for more information.

Dead space is the name given to the void space in a needle and syringe combination that still has liquid in it following an injection.

Many people who choose to inject drugs flush out the tiny amount of drug left in the syringe after injection by drawing blood back into the syringe (jacking back), and re-injecting.

This means that after use, syringes have the dead space filled with blood that may contain HIV and/or hepatitis C viruses. The ‘dead space’ in syringes is a significant factor in both the dose of blood left in used syringes (less dead space = less virus), and the viral survival time (lower dead space = reduced viral survival).

This first became apparent when there were “outbreaks” of blood borne viruses among groups who used detachable syringes compared to people who used fixed syringes.

Syringe cleaning: If you have no other choice but to re-use a syringe, especially if you’re not positive whose is whose.

1. Get three clean cups and fill two with cold water.
2. Pour out a capful of thin bleach or dissolve a chlorine tablet in the other cup.
3. 1 Flush once with water
4. 2 Once with chlorine solution or thin bleach
5. 3 Once with water

Cleaning is by no means a guarantee against blood borne viruses or other injecting related injuries, but it may slightly reduce the chance of these harms occurring. Sterile injecting equipment is free and plentiful in this country, so make the most of it and stock up over the holidays.

**STUDIES CONFIRM –
DEADSPACE HOLDS
MORE BLOOD=
POTENTIALLY MORE
VIRUS= MORE RISK=
MORE FOLK WHO ARE
HEP C+= MORE RISK=
MORE VIRUS.YOU
GET THE PICTURE.**

I YELL AND SCREAM

I yell an scream everyday
 Always giving Jeffrey wrong with Jeff
 didn't realise my what's pain
 untill I seen my what's growing inside
 Jeffrey I said won't let him strive
 I'm the devil that who's cruel and did
 these word I spend his time in complete
 What makes I feel more than live shown
 put into you Jeffrey verbal conversation
 I love I woke Jeff's confidence gra
 it's time you advice Jeff needs to hear
 all of special boy up Not screaming in his ear
 words that are sensible and meaningful to
 like you. Can't hurt a precious soul
 Sorry I can't correct what live sad on alone
 I'm proud I had your own fun
 and want forever to help keep you strong
 People around feel their own ONE
 Just to see that you are
 Through good or bad, right or wrong
 Mum will be there to help you along
 I love you always Love mum.

My Addiction

was my addiction that kept me away
 I'm feeling the hiss not hearing
 you last year been stronger
 seeing your state
 But I couldn't stop my own I bottle
 You were a gift for us to guide
 No one should have protected your thoughts
 downslide" Reminds me daily of the curls that were never
 your negative ways protecting your thoughts
 caught! The demons that damaged a precious soul
 like you... Think they are living BUT god know
 what's true! The drugs you did Abuse you drink
 helped you know, it was easier to think
 The people that help no idea for cause
 they didn't help to stay...
 we were all gifted... she let us trust
 No one owns Neone on that's a fact
 the last thing we can do for you little
 bio. Is follow in your steps AND
 NOT see that dirty hoe!



HELLO MY NAME IS NICOTINE

You might know me well,
I'm more than I seem

I'll be your best friend through
stresses and doubts

Then I'll never leave your
side, even when I'm put out.

I'll make you cough
and smelly too

I'm good at that, it's what I do

And once we've met, in
my smoke you'll delight

But try to give me up and
you may get a fright

For I am much stronger
than heroin or pills

Because many more
people, I manage to kill

Not only that, the
earth I destroy

This is my destiny,
it's what I enjoy

I need lots of your cash
if you want me around

But you won't care, your
addiction is sound

So come and join me
in my campaign

To destroy your wellbeing
through illness and pain

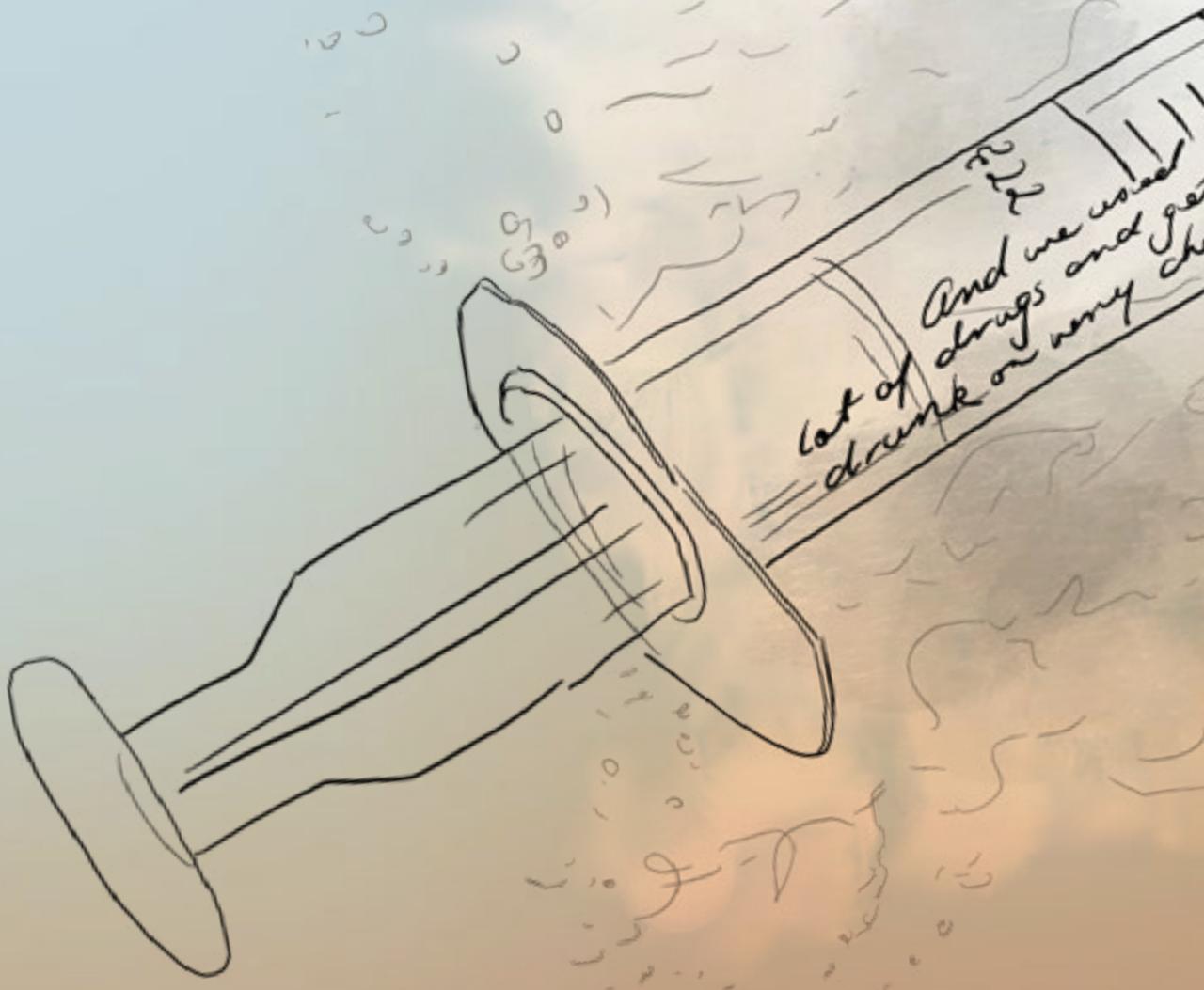
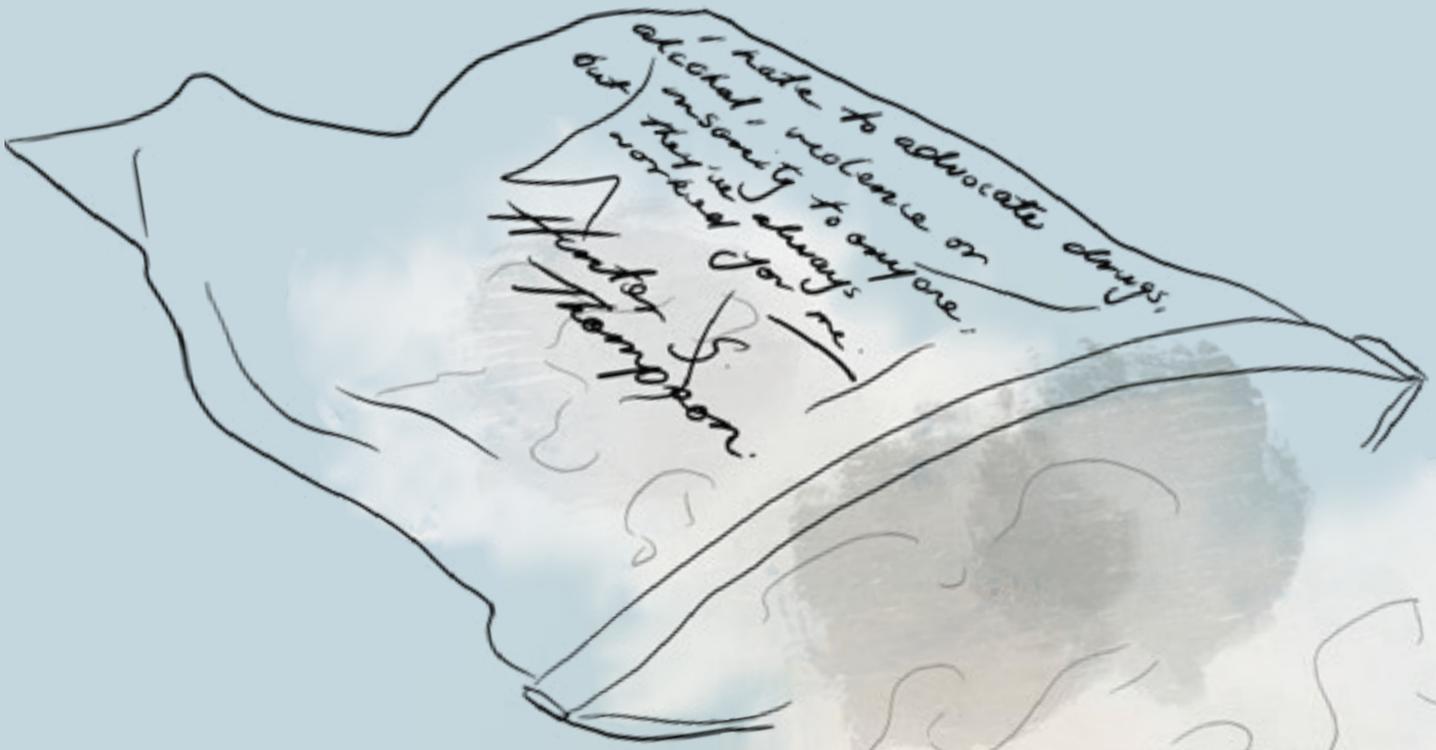
And if you give me up, I
hope we meet again

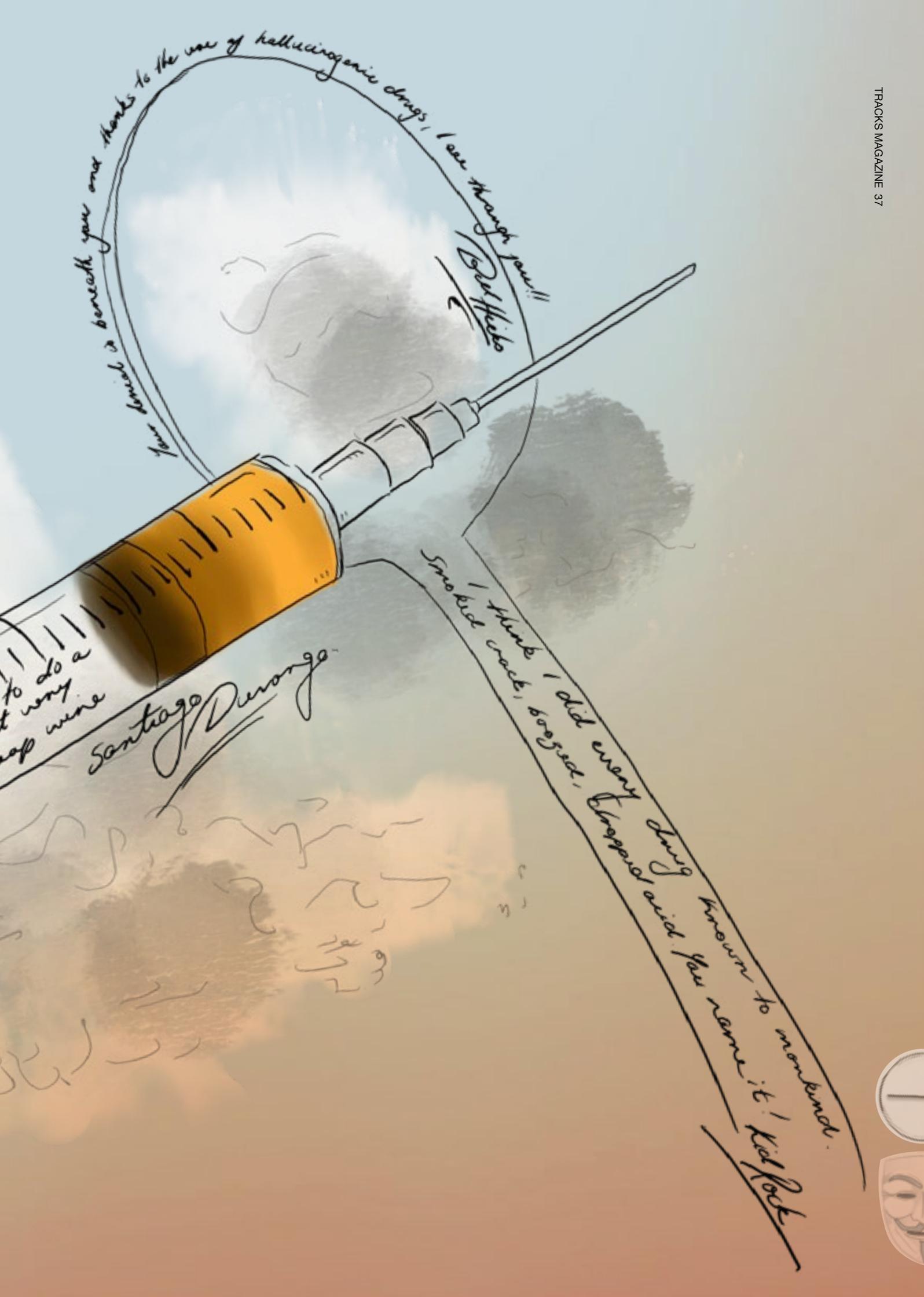
So your health and your
money, I can slowly drain

Firefly –

And the words provided by harmful drug laws







Your friend is beneath you and thanks to the use of hallucinogenic drugs, I see through you!!

Bob Hippo

to do a
t very
rop wine

Santiago Durango

Smoked crack, bonged, Ecstasy acid for name it! Kid Rock





NSP CHRISTMAS TRADING TIME

**"If you don't think drugs
have done good things
for us, then take all of
your records, tapes and
CD's and burn them. "**

- Bill Hicks



SUNSHINE COAST, BRISBANE, GOLD COAST, TOWNSVILLE

Monday	24 th	10am – 2pm
Tuesday	25 th	CLOSED
Wednesday	26 th	CLOSED
Thursday	27 th	10am – 2pm
Friday	28 th	10am – 2pm
Monday	31 st	10am – 2pm
Tuesday	1 st	CLOSED
Wednesday	2 nd	Return to normal hours 9am – 7pm (Townsville 9am – 5pm)

CAIRNS OFFICE (COUNSELLING)

Friday	21 st	8.30am – 4.30pm
Monday	24 th	CLOSED
Tuesday	25 th	CLOSED
Wednesday	26 th	CLOSED
Thursday	27 th	CLOSED
Friday	28 th	CLOSED
Monday	31 st	CLOSED
Tuesday	1 st	CLOSED
Wednesday	2 nd	Return to normal hours 8.30am – 4.30pm

NEEDLE & SYRINGE PROGRAM LOCATIONS

QuiHN Brisbane (pp)

1 Hamilton Street, Bowen Hills QLD 4006
T 07 3620 8112 / Mon to Fri 9am – 7pm

QuiHN Cotton Tree (pp)

59 Sixth Ave, Cotton Tree QLD 4558
T 07 5443 9576 / Mon to Fri 9am – 7pm

QuiHN Gold Coast (pp)

Unit 12/89-99 West Burleigh Rd,
Burleigh Heads
T 07 5520 7900 / Mon to Fri 9am – 7pm

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

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

Needle And Syringe Program

47 Thuringowa Drive Kirwan Townsville 4817
T 07 4735 8828. / Mon to Fri 9am-5pm

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

Southport Health Precinct

A Level 1, 16-30 High Street
Southport, QLD 4215
T 07 5687 9039 / Mon to Fri 10am-4pm

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

47 Thuringowa Drive,
Kirwan, Townsville 4817
T (07) 47358 828

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

www.quihn.org

www.nspandlegal.aivl.org.au