

TRACKS

Illicit drug users
magazine

Issue 25
2019



ISSUE 25



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.

- QuIHN'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)
- Peer-based Harm Reduction WA
- 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

The theme of this issue #25 began as Sex Drugs and Rock n Roll, it quickly began being referred to by the committee as Fucks, Fits and Festivals, it sounds like such a fun name, and a cool way to spend a weekend, but before we get into it I would like to address a more serious issue.

Now I like to google... so I started with festivals... I typed it in and not surprisingly what I saw were headlines that went on and on. "pressure for pill testing is mounting after yet another festival death" "why are people still dying at music festivals" "question mark hovers over "tragic" music festival deaths"

In one I read, the NSW coroners court heard that one festival goer who died of a suspected drug overdose had consumed up to nine ecstasy pills of 77% MDMA purity throughout the day, in contrast it said one young adult had apparently died after consuming one tablet and another who died was said to be drinking alcohol while also consuming MDMA.

Towards the middle of this issue you see just a snippet of such headlines.. one of which reads.... To lose your son is the worst thing that can happen to a father. It's the last thing on Earth I would have expected. When they told me, they had to hold me up, I couldn't believe it." At this point they stopped being "headlines" and became an epitaph of dead children.

During all this googling many thoughts were flying around in my head and one of them was..... HARM REDUCTION! So, throughout the issue you can see some basic tips and drug information to keep in mind and tell your mates, your kids, anyone who will listen.. me I shout it from the rooftops!!!

Also, In this issue ...

We meet the awesome Esha, who is the new Harm Reduction worker at QuLHN's Bowen Hills and in "Preparation for a Roll" we hear for the first time from our mate "Wombat", he gives us some of his story and we will hear more about his adventures in future articles.

If like me you are flummoxed at the fact that drug checking debate still rages please keep a look out for ways to have your voice heard, we can even put our money where our mouth is and help Harm reduction Australia reach its goal of \$100,000 to introduce more pill testing trials throughout Australia. Details can be found at <https://www.harmreductionaustralia.org.au/>

I know my position on pill testing .. now what's my position on fornication? Well there are many I'm sure....

I do know I was shocked to hear about the laws around sex work! Thankfully we have

#DecrimQLD a committee of sex workers who have joined with Respect Inc, the Queensland sex worker organisation, to progress the removal of harmful and discriminatory sex work laws and achieve decriminalisation in Queensland.

A cool infographic from our friends at RESPECT reminds us that its peer education NOT policing that results in high levels of condom use and regular testing by sex workers.

In this issue we also look at Consent, Chemsex and Condoms...

If I had to choose my favourite part... I would have to say, as always, the contributions from the community, they are the heart and soul, and what this little mag is all about, so keep them coming!

We have poetry, and art and stories handed in over the counters of our NSP's, given to our counsellors, collected in our groups, and submitted online, we want everyone to be heard, we want to teach and most importantly be taught. This is, as always a group effort.

Stay safe my friends and enjoy the read, the Fucks the Fits and the Festivals!



TRACKS

Illicit drug users magazine

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).

QuiHN is funded by the Queensland Department of Health and the Australian Government - Department of Health & Ageing.

Tracks Editorial Panel

PO Box 2470 Fortitude Valley
QLD 4006 Australia

T 07 3620 8111 F 07 3854 1070
E quihn@quihn.org W www.quihn.org

CONTACT QuiHN

Free Call 1800 172 076

Brisbane (Head Office)

P 07 3620 8111 F 07 3854 1070
A 1 Hamilton Place, Bowen Hills,
QLD 4006
PO Box 2470 Fortitude Valley,
QLD 4006
Opening Hours 9am-7pm
Mon to Fri

Gold Coast

P 07 5520 7900 F 07 5520 7344
A 12/89-99 West Burleigh Road,
Burleigh Heads, QLD 4220
PO Box 3499 Burleigh Town, QLD 4220
Opening Hours 9am-7pm Mon to Fri

Southport Health Precinct

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

Sunshine Coast

P 07 5443 9576 F 07 5479 1918
A 59 Sixth Avenue, Cotton Tree,
QLD 4558
PO Box 163 Cotton Tree, QLD 4558
Opening Hours 9am-7pm
Mon to Fri

Townsville

P 07 4735 8828
A 47 Thuringowa Drive, Kirwan
QLD 4817
Opening Hours 9am-5pm Mon to Fri

Cairns

P 07 4032 1463 F 07 4053 5610
A 60 Pease Street, Manoora, QLD 4870
Opening Hours 8.30am-4.30pm
Mon to Fri

Capalaba

5/29 Mount Cotton Road, Capalaba

CONTENTS

PAGE_06

ART

PAGE_07

ARTICLE –
3,1,5,4

PAGE_10

POEM –
'CEPT ME

PAGE_11

POEM –
PISSED 'N' BENT

PAGE_12

FACT SHEET –
STIGMA &
DISCRIMINATION

PAGE_13

POEM–
STIGMA

PAGE_14

ARTICLE –
CONSENT

PAGE_16

ARTICLE –
IN HER WORDS

PAGE_17

FACT SHEET –
HEP C

PAGE_18

FACTSHEET –
SMART SHARP
DISPOSAL

PAGE_19

FACT SHEET –
NSP APP

PAGE_20

ARTICLE –
PILL TESTING

PAGE_22

ARTICLE –
THE CONVERSATION

PAGE_24

ARTICLE –
AND THAT'S IT

PAGE_26

ARTICLE –
FOR DART TALES
& ART

PAGE_28

POEM –
45 MINS OF PANIC

PAGE_29

ART

PAGE_32

FACT SHEET –
CHEMSEX

PAGE_32

FACT SHEET –
NEW SUBSTANCES

PAGE_33

ARTICLE –
HI, FROM QUIHN

PAGE_34

ARTICLE –
SEX WORKERS

PAGE_36

ARTICLE –
PREPARATION
FOR A ROLL

PAGE_38

ARTICLE –
MUD MAPPING

PAGE_39

ARTICLE –
PILL TESTING

50 Ways to Take a Break

- REST**
 - 1. Take a Bath
 - 2. Listen to Music
 - 3. Take a Nap
 - 4. Go to a body of water
 - 5. Watch the clouds
 - 6. Watch the stars
 - 7. Write a Letter
 - 8. REST your legs up on a wall
 - 9. Let out a sigh
 - 10. Fly a Kite
 - 11. Listen to a guided relaxation
 - 12. Read a Book
 - 13. sit in NATURE
 - 14. Move twice as slowly
- MEDITATE**
 - 15. Take Deep Belly Breaths
 - 16. Notice your Body
 - 17. Call a Friend
 - 18. Meander around Town
 - 19. Buy some Flowers
 - 20. Find a relaxing Scent
- WRITE**
 - 21. Write in a journal
 - 22. Walk Outside
 - 23. Go for a run
 - 24. Take a bike ride
 - 25. Create your own coffee break
 - 26. View some ART
- SILENCE**
 - 27. Eat a meal in SILENCE
 - 28. Turn off all electronics
 - 29. Go to a Park
 - 30. Pet a furry creature
 - 31. Examine an everyday object with Fresh Eyes
 - 32. Drive somewhere NEW
 - 33. Go to a Farmers Market
 - 34. Forgive someone
 - 35. read or watch something FUNNY
- COLOR**
 - 36. Color with Crayons
 - 37. Make some MUSIC
 - 38. Climb a Tree
 - 39. Let go of something
 - 40. Engage in small acts of KINDNESS
 - 41. Do some gentle stretches
 - 42. Paint on a surface other than paper
 - 43. Write a quick poem
 - 44. Read poetry
 - 45. Put on some music and DANCE
 - 46. Give Thanks



3 · 1 · 5 · 4

THREE MONTHS – ONE WEEK – FIVE DAYS – FOUR HOURS

Georgia Carter

IN THREE MONTHS ONE WEEK, FIVE DAYS AND FOUR HOURS I WILL BEGIN MY FIRST STINT IN REHAB. THREE MONTHS, ONE WEEK, FIVE DAYS AND THREE HOURS AS I WRITE THIS.

I can feel the noose of relapse tightening around my neck. Heroin is my slave driver and the sickness is like a yoke around my neck. My bank account is as barren as the ancient, turned sands of the Atacama desert. Not three days ago I spent \$650 on a 24 hour binge that saw me unconscious, face down in a cold hamburger. I am 21 years old and for eight of those years I have been miserably subservient to Opioids. As my admission date draws nearer my self sabotaging nature is rearing its ugly head, threatening to drag me away from the world before I emerge victorious at my first milestone in recovery.

was before my fateful decision to start using IV drugs. Although I stand out in the drug using community like a dog's balls because of my youthfulness, many of my peers started using in their early adolescence too. I picture myself middle aged, still using on the tired streets of the city I was born in, waiting for the ground to swallow me up and shit me into an early grave.

I think back to some of the predicaments I've found myself in courtesy of my friend Diacetylmorphine and recall two particularly grim standouts. Robbing my Heroin dealer at gunpoint who in turn robbed my late husband and I, sending our already precarious relationship into a whirlwind of homelessness, hospitalization and mutual hatred.

I remember distinctly how appalled we were when we found we'd been shorted by a margin almost \$250 of product. I also remember our practically instantaneous decision to conduct a violent feat of revenge. We made a phone call the following day feigning an excited tone: 'We just came up on \$500, can we see you?'. When the weedy twenty-something year old man pulled into our driveway I felt a wave of foreboding and discomfort at the idea of him knowing our home address but that was reality now, whether we liked it or not.

Part of me feels like I don't deserve a chance in rehab but I'd argue everyone deserves a chance, regardless of how self critical they may be. That's how I console myself, knowing that there is a refuge for people like me and that change is possible. It doesn't feel that way a lot of the time. After eight years so much of my identity is hopelessly entangled in the idea of being a 'junkie' that I don't have much recollection of who I

ADVICE ON MDMA

It is dangerous to drive after using ecstasy. The effects of ecstasy, such as over-confidence and poor muscle control, can affect driving ability.

People with over-confidence may take more risks when driving which increases the chance of an accident. The symptoms of coming down and withdrawal can also affect a person's ability to drive safely.

He rolled down his window and handed us a weighty bag, he remained like this, with his hand outstretched for almost a minute before he realised there was a .45 calibre pistol pointed at his temple. He backed away shakily and drove off, hurling abuse as his car spluttered down the street. It came as no surprise, at least to me, that we saw him and four of his friends later that day. They practically kicked our door down and stormed in with a bright pink Taser he'd stolen from his sister also brandishing a knife and a can of bear mace. As the chaos unfolded I was pinned to a wall and stabbed. By some staggering feat of luck, the blade was intercepted by one of my ribs but it didn't stop rivulets of blood from cascading down my front, staining my shirt and running into the beige carpet. I barely felt the injury due in part to shock and the remnants of a perilously large shot of Heroin I'd taken some 30 minutes beforehand. They made short work of emptying the entire can of bear mace on my late husband's face- and his family jewels for good measure.

Blinded and blind sided he fired a single round from his handgun which whizzed past one of the assailants' calves and hit a broken T.V. screen with a reverberating 'B A N G'. The skittish posse began to scatter but our Heroin dealer hadn't totally exacted his revenge. While we were picking ourselves up in the midst of the turmoil his burly sidekick threw himself at my dazed husband, sending him through a glass coffee table and within seconds had snatched the gun. Within those few life altering moments I saw the clip hurtling across the floor and hooked it with my inner ankle, slipping it into my underwear. I heard the click as he pulled the trigger of the now unloaded gun before they all scrambled expecting law enforcement.

Clearly none of them understood the relationship we had with our quiet suburban neighbourhood. Gunshots, drug deals, screaming and overdose callouts were only a few of the indiscretions they'd witnessed at townhouse number 1715. The lab in our garage was probably the worst indiscretion of all, not that any of them knew that.

The robberies marked a cornerstone in my relationship with Heroin and with my husband. Gone were the days of partnership and solidarity, we soon became preoccupied with the brazen theft of gear from each others' unconscious hands. The more Heroin we needed to take in order to have a fair high – the longer

we'd be unconscious – the more product we'd lose to each others' greed in the long run. Then began a string of twenty-three almost fatal overdoses – most of the paramedics Reno, Nevada knew us by name. It was a frequent occurrence to wake up on a Naloxone infusion drip after having taken some God-forsaken Fentanyl analogue only to be told by an indignant nurse or ER doctor that we 'ought to just die' and 'stop wasting resources'.

I had so little self respect at this time I was beginning to doubt why I hadn't just let myself succumb to a fatal overdose.

Eventually in February of 2018 I made that fateful choice and took almost 3 grams of Heroin, lying in a home we'd moved to in the countryside, fleeing our substance use disorders with what was left of our strength. It'd taken less than one week for us to call our new dealer and organise his three-hour trip into the mountains with the bribe of a handsome pay cheque and lunch. I felt indescribably miserable, I was ready to give my life to the substance of my making. I sat watching my husband slump back for what could easily have been the last time and sat by his feet, totally abject and childlike, holding a spoon to my chest.

A string of thoughts I'd often struggled to come to terms with raced through my mind as I contemplated taking my own life. As my anticipated departure date from the earthly plane grew nearer, I jotted these thoughts down in a journal :

"You could elect to continue living but why would you do that? What little joy you have has been whittled away by the clutches of Heroin addiction. Your existence is comprised of an unrelenting, excruciating urge to keep using and a deep seated misery that asks how much longer you want to do even this.

You are utterly indifferent to everyone and everything and no matter how hard you try to envisage the finite nature this loveless predicament you realize it has an air of permanence. The world around you seems silent

and abject to your suffering. You realize that perhaps the best recourse for this problem is letting your truth find you, and claim you. Cross the bridge that always haunts you, get to the other side and God will shrug you."

I drew up what was to be my last shot in the corporeal realm and lay back as the pain of rapid respiratory depression washed over me. The last thought I can recall was how beautifully warm the sunlight was on my skin. I woke up to almost complete darkness, only the wan light of my husband's computer as he sat typing interrupted the moonless night. I couldn't feel my arms or legs, most of my face was numb too. After several periods of unconsciousness that followed I managed to ask what the time was. It'd been six hours; my husband was waiting for me to die. There was no love anymore just the desperate, selfish desire to escape this hell by any means necessary. I was no more than an extension of the pain his substance use disorder had caused him.

When I flew home to renew my US visa he told me not to come back, that I had caused too much suffering. He would go on to die of natural causes several months later.

I knew what he'd said was true. I was in hospital after a three day kidnapping following a botched drug deal at the time he left me.

The pain of losing love to the grips of addiction remains sharp. It is a thorn buried very deep in my hide, I still cannot tease it free, I don't know if I ever will.

I still lie in bed, waiting for my dependence on Opioids to kill me some days. There is something else now though. A desire to break free so that all my suffering will not have been in vain. After months of willing my life away with mindless drug use I picked myself up and booked myself into a Suboxone program appointment. I'm still on Methadone as I write this. I'm eternally grateful too, Opioid Replacement Therapy is like having an armistice, a ceasefire in the midst of a war. I don't plan to live my life as a slave to Methadone either but this is a point of transition. I am more ready than I've ever been to scream 'to hell with this shit'. I know the five friends I've lost to overdose this year would be standing by my side too, begging me to persevere in their stead. It was the shock of the close succession of losses I'd experienced that ultimately opened my eyes. After almost losing another friend I halted in my tracks. I called a rehab program and left my details and then another and another still. I finally have an admission date now and if there is one thing I achieve in my life it will be seeing my way through that process.

If I fail, I want to prove that I have fought, valiantly. I do not want to die without having proved myself a formidable warrior in the face of utter destitution, emptiness and true, primal suffering.

In spite of my optimism part of me still doesn't want to shed what has come to be the most significant part of my identity and self worth. I have notoriously worse tracking on my inner arms than half of the fifty-year-old men at the methadone clinic. Physical manifestations of the abuse my body undergoes aren't cause for celebration but they remind me of the infamy I've come to desire. I have an insidious fear of relinquishing what I've come to see as my 'reputation' and I know this will always be an impediment to deescalating my drug use.

I'm not sure if being an IV drug user for this long has necessarily taught me anything I wouldn't have otherwise learned in the ebb and flow of working class life. It has reared an unruly kind of perseverance in me though. I have found myself in some truly soul destroying predicaments and to this day I stand undefeated.

If tomorrow, I were to fall victim to the fate that reaped five of my beloved friends - I would not die weighed down by the burden of a life half lived. I like to think I'd join them hand in hand, knowing we had all fought valiantly.

I have confronted and surpassed seemingly insurmountable obstacles and I am glad I've had the chance to do that. In spite of the trauma, pain and abject suffering my substance use disorder has caused I've learned to be both passionate and compassionate. I've become an outspoken advocate for drug users' rights. I've found a sense of purpose, something I wouldn't trade for the world.

I've learned never to leave anyone behind and to unconditionally offer a hand up to my peers so we can endure together.

I've learned to truly accept and appreciate my powerlessness and to take what power I do have into my own hands.

I am twenty-one, I am a woman, I am a widow, I am a Heroin user, I am a survivor and in three months, one week, five days and three hours I will begin my first stint in rehab...

ADVICE ON MDMA

After using ecstasy, people may experience a "coming down" phase as the effects of ecstasy begin to wear off. People may experience some of the following:

- Restless sleep and exhaustion
- Anxiety, depression and irritability
- Difficulty concentrating

These effects of coming down usually begin the day after taking ecstasy and can last for several days

'cept me

i wanna write a poem about festivals

**and drugs running through my
head like little red devils**

**but the truth is much more than terrible
cause everybody's on it 'cept me**

**we used to party till dawn, and then some
used to howl at the moon, just to tempt fun
while waiting for our old mate to come**

**now everybody's on it 'cept me.
trippin round the world wanting more**

**fucking pointless systems,
ignoring pointless laws**

**back then it never seemed a chore
challenging pointless justice,
fighting pointless wars**

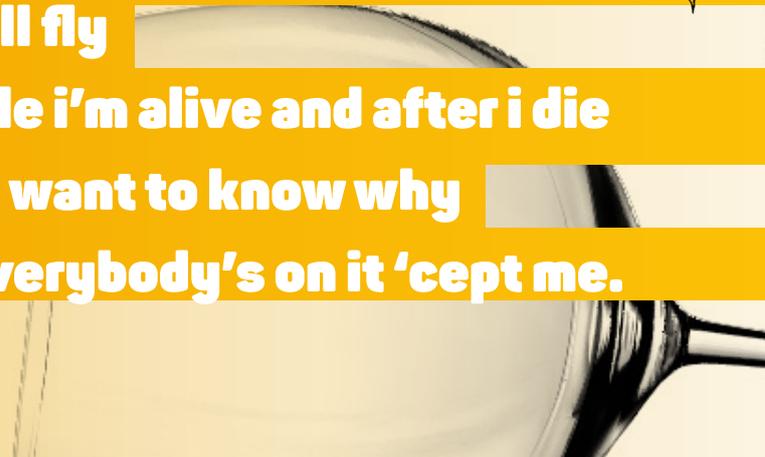
**a good day just meant we all got to score
but now everybody's on it 'cept me**

**still waiting for change but there is none
removing my mask, to face the sun
i've a need to rest no desire to run**

**so, everybody's on it 'cept me
harm reduction is the flag i'll fly**

**while i'm alive and after i die
see my life and death if you want to know why**

looks like, everybody's on it 'cept me.



HERE I SIT ALL PISSED 'N' BENT,
WONDER'IN WHERE MY MONEY WENT.
COULD BE HERE, COULD BE THERE,
WHAT THE FUCK! I DO NOT CARE!

AS I SMOKE GOD'S OWN WEED,
YOU AND MUSIC IS ALL I NEED.
FOLKS SAY 'YOU'VE GOTTA QUIT'.
TRUTH IS, I DON'T GIVE A SHIT!

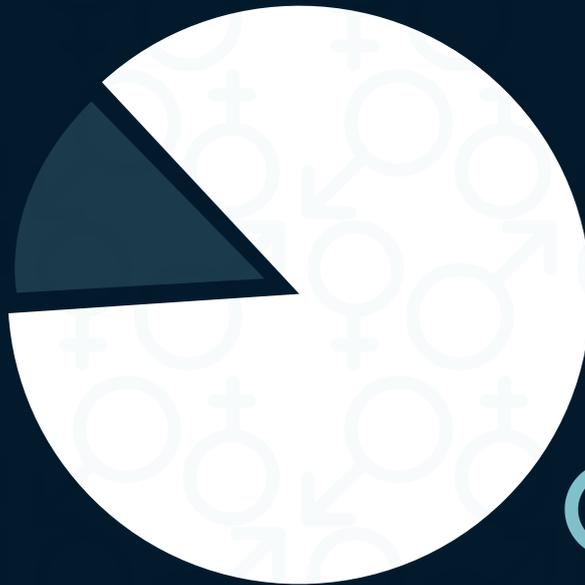
SEVERAL DRINKS, A CONE OR TWO,
I THINK I'LL HAVE ANOTHER FEW.
GOD PUT THIS WEED ON EARTH FOR US,
TRULY I DON'T SEE WHAT'S THE FUSS.

THIS HERE WEED, DON'T HURT NO ONE,
SIT DOWN AND RELAX, TRY IT, IT'S FUN.
DON'T GO JUDG'IN, GOD'S OWN WEED,
FOR YEARS IT'S AIDED MANY OF MAN'S NEEDS.

MICHELLE CASSIDY

DID YOU KNOW?

80% OF PEOPLE WHO USE DRUGS HAVE EXPERIENCED STIGMA AND DISCRIMINATION IN HEALTH CARE SETTINGS! AND STIGMA & DISCRIMINATION HAPPENS IN A LOT OF OTHER AREAS OF SOCIETY TOO.



STIGMA & DISCRIMINATION - WHAT'S THE DIFFERENCE?

STIGMA IS THE OPINIONS OR JUDGMENTS HELD BY INDIVIDUALS OR SOCIETY.

IF THESE JUDGMENTS ARE ACTED ON, THEY MAY BE DISCRIMINATORY, IF THEY RESULT IN A PERSON BEING TREATED DIFFERENTLY FROM THE GENERAL COMMUNITY.

SO IN SHORT - STIGMA IS THE THOUGHT. DISCRIMINATION IS THE ACTION OR OUTCOME.

PEOPLE WHO USE DRUGS ARE VULNERABLE TO THE EFFECTS OF STIGMA AND DISCRIMINATION. IT DEVALUES PEOPLE WHO USE DRUGS AND OUR PRESENCE IN SOCIETY.

Stigma is a big issue for people who use drugs:

- It leads to negative stereotypes and labelling
- It is a major cause of stress & anxiety for people who use drugs
- It causes social isolation – which leads to health issues
- It prevents people from accessing health & support services
- It means society has unfair and unrealistic expectations of people who use drugs (eg: people who use drugs are all bad people)

References:

Alcohol Drug Foundation (2019)
Australian Injecting & Drug Users League (2012)
Harm Reduction Coalition (2012)

stigma

What is Stigma?
Stigma is a mark
of disgrace associated
with a particular
circumstance, quality or
person.

Stigma is so powerful
that it can be degrading,
disapproving and can
often lead to suicide.

Stigma is related to
discrimination but must
not be acted upon or
treated lightly.

Stigma is the main
cause of self pity and
judgement.

Stigma has been
so unapproving
that more and more
people are starting
to take and use stigma
for their own self
righteousness and
self upliftment.

Now I would
like to take
a minute to thank
the people who came
up with the anti-
discrimination act.

Thank you.

maddie toya, 25

ADVICE ON MDMA

When to become concerned after
someone takes MDMA

- They become confused
- They become very hot and sweaty
- They become aggressive or agitated

Ecstasy is commonly taken at dance
or "rave" parties and nightclubs. In
these environments, people taking
ecstasy may be more likely to engage
in energetic dancing which can raise
body temperature to dangerous levels.
It is therefore advisable to take regular
breaks to cool down and drink about
500ml water per hour

CONSENT IS WHEN

Whenever you have sex, you need to make sure that your partner is enthusiastic about sex. Always make sure that your partner is comfortable with what's going on and that they are happy to move forward.

ALWAYS ASK BEFORE TOUCHING, SOMETHING LIKE:

- "I really want to kiss you, is that ok?"
- "Can I take this off for you?"
- "Do you want to have sex?"
- "Would you be comfortable with (...)?"

Asking not only respects your partner, but can be super sexy too and romantic too! Wait for a clear answer before going any further and respect your partner's wishes. Check-in with your partner to make sure they are still comfortable as you continue.

SIGNS YOUR PARTNER MAY NOT BE INTO AN ACTIVITY:

- Not responding to touching
- Turning their face or body away
- Stiffening or tightening muscles
- Pushing you away
- Crossing their arms across their body
- Silence

If your partner does not eagerly consent, or if they show any of the listed behaviours, you need to stop and talk to them. Pressuring or forcing someone into sexual activity is illegal and can cause lasting emotional damage. Trying to convince them to continue after they've said no is coercion. Give them some space and respect their decision. If all partners do not enthusiastically consent to any sexual activity (including kissing and touching) a crime may be committed.

WHAT TO SAY IF YOU'RE NOT COMFORTABLE:

- "I don't want to do anything more than ..." (for example, kissing, hugging, touching)
- "Can we stay like this for awhile?"
- "Can we slow down?"

IF YOU WANT TO STOP, SAY:

- "No"
- "I want to stop"
- "I don't want you to do that"

IF THE OTHER PERSON STILL DOESN'T STOP:

- Be firm and clear. If possible, make eye contact with the other person and tell them to stop in a loud and clear voice.
- Excuse yourself by saying "I need to go to the toilet" or "I feel sick" and leave the situation.

BOTH PARTNERS ENTHUSIASTICALLY AGREE TO A SEXUAL ACT.

EVERYONE HAS THE RIGHT TO STOP AND SAY NO AT ANY TIME

THIS IS CONSENT:

- Everyone involved enthusiastically agrees
- Everyone is ready, willing and able
- No one is being forced, tricked or threatened

THIS IS NOT CONSENT:

- Silence / not responding is not consent
- Being under the influence of drugs or alcohol is not consent
- A physical response (e.g. an erection) is not consent
- A forced or confused yes is not consent
- A previous yes to sex is not consent
- My clothes - they can't say yes or no for me
- A lack of resistance is not consent
- Consenting to a photo is not consenting to having that photo shared
- A yes to one sexual act does not mean a yes to everything

CONSENT



- Freely Given
- Reversible
- Informed
- Enthusiastic
- Specific

Planned Parenthood®

ONLY AN ENTHUSIASTIC YES MEANS YES!

WHAT TO DO:

- If you didn't give your consent but someone still touched you intimately or had sex with you against your wishes, that person has committed a criminal offense.
- Though it may be difficult, do not shower, change your clothes or wash your hands, as you could be destroying vital evidence.

[HTTPS://WAAIDS.COM/ITEM/858-CONSENT-JUST-ASK.HTML](https://waaids.com/item/858-consent-just-ask.html)

IN HER OWN WORDS

How are you this morning?

**Well, I need to talk to you about something?
I'm not sure where to start?**

Where ever you feel comfortable.

OK, well, last night I went out with my friends and we had a great time at a club. As the night went on, I saw this cute guy looking my way, after a while he came over and introduced himself, he brought drinks for the rest of the night. When it was time to leave, he said he'd like to walk me home, so I agreed that he could. When we got to my place, he went to kiss me and it was very nice, he asked if he could come in for a while, I told him I had to get up early for work. He said he wouldn't stay long, so I agreed he could come in for coffee, I made the coffee and we sat on the couch. After a couple of minutes, he began to kiss me again, I did enjoy that, then he started to put his hand down my pants, I told him to stop, he did stop, then began kissing me again, again he put his hands down my pants. This time he would not stop, and I began to feel scared, I asked him to stop again and tried to push him off me. He didn't stop, he just said you've been asking for it all night, I've paid for your drinks and you led me on. I tried to scream but he put his hand over my mouth and said he'd hurt me if I continued to scream. He pulled down my pants and pulled his down as well. He then put his dick inside me and that continued for ages. When he finished, he said if I told anyone he'd say his mates had been with me as well and no one would believe me. I'm so angry with myself and I'm not sure what I should do now? I haven't told anyone else what he did, do you think I'll be believed?

I'm so sorry that that happened to you. You are not to blame for any of it. If you choose to disclose this any further, I'll support you through it. It must be your decision. He did NOT have the right to do that, you didn't do anything wrong, you did NOT give consent therefore he sexual assaulted you.

The client went ahead with a complaint to the Police and it is being investigated. The client is continuing with counselling.



**HEPATITIS
QUEENSLAND**
Hepatitis and Liver Health

**HEPATITIS C TREATMENTS
HAVE CHANGED**

**YOUR GP CAN
PRESCRIBE THE
TREATMENT**



**TABLETS
DAILY FOR
UP TO 12
WEEKS**

**HEP C
CAN BE
CURED**



**LITTLE TO NO SIDE
EFFECTS WITH**

**95% OF PEOPLE
CURED**



CALL US ON 1800 HEP ABC (1800 437 222)

SMART SHARPS DISPOSAL

BEST PRACTICE	ACCEPTABLE	ILLEGAL
		
<p>↓</p> <p>Used sharps are placed into a portable sharps bin.</p>	<p>↓</p> <p>Used sharps are placed into a portable sharps bin.</p>	<p>↓</p> <p>Used sharps are placed straight into the garbage.</p>
		
<p>↓</p> <p>Portable sharps bins are taken to a public sharps waste bin.</p>	<p>↓</p> <p>Portable sharps bins are placed into a general waste bin.</p>	<p>↓</p> <p>Garbage bag containing used sharps is placed into a general waste bin</p>
		
<p>↓</p> <p>Sharps and associated waste destroyed by an incinerator.</p>	<p>↓</p> <p>Contained sharps are disposed of in landfill.</p>	<p>↓</p> <p>Unconstrained sharps are disposed of in landfill</p>
		

WHY IS SMART SHARPS DISPOSAL IMPORTANT?

The law requires that used sharps are disposed of in a secure and puncture resistant container. This helps to reduce the incidence of needle stick injuries and the potential spread of blood borne viruses.

It is then best practice to return any used sharps containers to a public sharps waste bin. Public sharps waste bins are located at needle syringe programs such as Quihn and various other locations around brisbane.

Used sharps and associated waste is then collected from the bins and taken to an incineration plant where it is destroyed through a high temperature, environmentally friendly incineration process.

SHARPS DISPOSAL LOCATIONS

QUIHN
 1 Hamilton Place, Bowen Hills, QLD, 4006

BRISBANE YOUTH SERVICE
 42 McLachlan St, Fortitude Valley, QLD, 4006

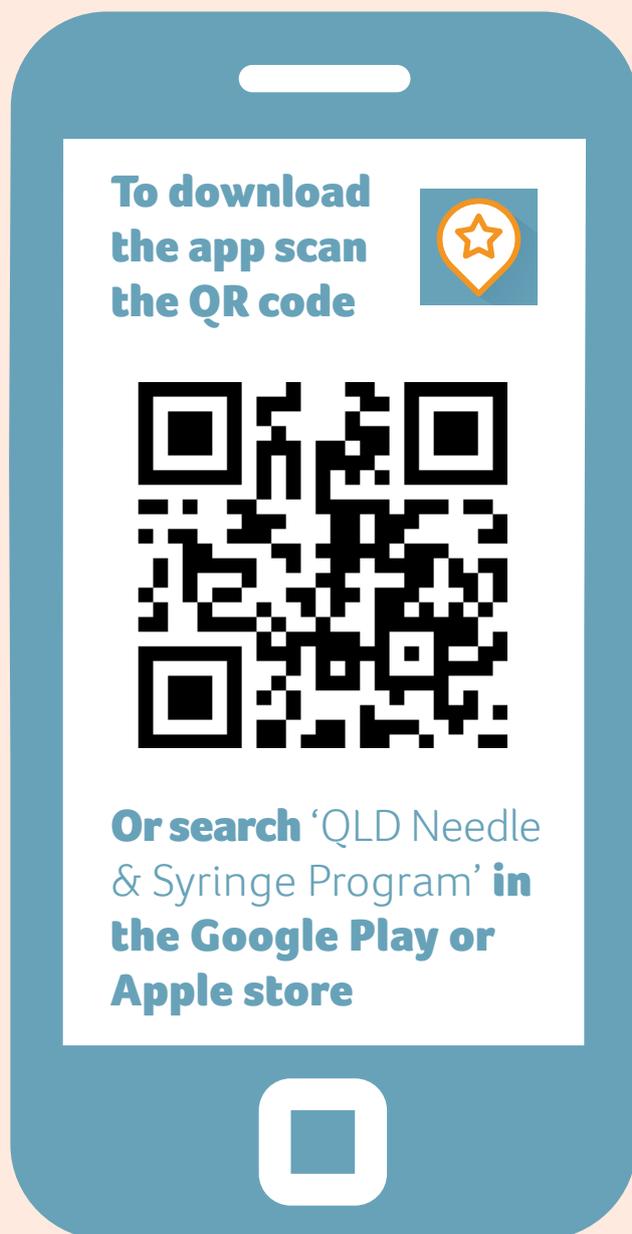
BIALA
 270 Roma St, Brisbane, QLD 4000

ACCESS – FOR A LOCATION NEAR YOU

WWW.SHARPS.ORG.AU

DOWNLOAD

the FREE Queensland Needle & Syringe Program app



Access a directory of public and pharmacy Needle & Syringe Program (NSP) sites across Queensland.

Read useful information about safe injecting practices, blood borne viruses and overdose.



The Pharmacy
Guild of Australia



Queensland Government

SHOW YOUR SUPPORT FOR PILL TESTING TRIALS AROUND AUSTRALIA

**WE NEED YOUR HELP TO
RAISE \$100,000 TO INTRODUCE
MORE PILL TESTING TRIALS
THROUGHOUT AUSTRALIA.**

2018 saw us run the first officially sanctioned pill testing pilot at Groovin' The Moo in Canberra. Off the back of the pilot's success, we will be there again in 2019 but now need your help to raise money for equipment to introduce free pill testing trials in every State & Territory in Australia.

WHO WE ARE

We are the leaders in health and medical based laboratory grade pill testing at festivals. In fact, we are the only organisation delivering pill testing in festivals in Australia and are run by a group of volunteers who are passionate about this very important harm reduction strategy.

OUR GOAL IS TO PROVIDE



PILL TESTING TRIALS AT EVENTS AROUND AUSTRALIA.

WHAT WE DO

We provide front of house pill testing. This involves talking directly with patrons using our service and using equipment to determine the chemical components of substances that people have already purchased with the intent of taking them. People considering using a pill or other drug can see us to have their drugs tested to discover what it is they may really be taking.

As part of this process we have a team of health and medical professionals to provide a range of information to help people make informed decisions and to know what to do in the event of any adverse outcomes. Any participation in the pill testing process is entirely confidential.

Offering trials at festivals and music events is about testing our 'medical model' of pill testing, to conduct interventions and report on outcomes in an Australian context.

HOW IT WORKS

The service is conducted within the medical precinct of a festival, under the direct medical supervision of senior medical clinicians. Analyses are then conducted by teams of independent academic analytical chemists, licensed to handle small quantities of illegal products.

The clinicians and chemists work hand-in-hand with carefully selected harm reduction workers, counsellors and peer educators, many of whom have had international experience of pill testing in Europe and North America.

CANBERRA, WE FOUND:

SEVENTY TWO

OF PATRONS BROUGHT IN SUBSTANCES IN CAPSULES; 13% LOOSE CRYSTAL, 9% PILLS AND 6% POWDER

EIGHTY FOUR

OF DRUGS WERE EXPECTED TO CONTAIN MDMA, BUT ONLY 51% DID – THE REST MADE UP OF MOSTLY FILLERS/CUTTING AGENTS (20%) THAT HAD NO PSYCHOACTIVE AGENTS IN THEM, AND OTHER DRUGS AND SUBSTANCES, SUCH AS ANTIHISTAMINE, FOODSTUFF AND TOOTHPASTE.

A SMALLER AMOUNT OF SAMPLES WAS EXPECTED TO BE OTHER DRUGS (COCAINE, KETAMINE ETC) AND TESTED POSITIVE FOR THESE SUBSTANCES. WE ALSO FOUND 2 POTENTIALLY DANGEROUS SAMPLES.

WHAT DON'T WE DO

- We never advise people it is safe to take drugs
- We never promote the consumption of drugs
- We don't judge people for the decisions they make regarding drug use
- What your donation goes towards
- The purchase of two ALPHA II drug testing machines – to host trials at events across Australia
- Logistic expenses – including resources, volunteer travel, refreshments, etc

FAQs: <https://pilltestingaustralia.com.au/faqs/>
SUPPORTING HARM REDUCTION AUSTRALIA
<https://www.givenow.com.au/pilltestingaustralia>

ADVICE ON MDMA

How ecstasy effects a person depends on many things including their size, weight and health, also whether the person is used to taking it and whether other drugs are taken at the same time. The effects of any drug also depend on the amount taken. This can be very hard to judge as the quality and strength of drugs can vary greatly from one batch to another.

The effects of ecstasy may start to be felt within 20 minutes to 1 hour after an ecstasy pill has been swallowed and may last for approximately 6 hours

THE CONVERSATION

“We know young people are taking them, so we have to be pragmatic about it and not bury our head in the sand”
Stuart Nash, Police Minister New Zealand

ONE DEAD

THE GUARDIAN

One dead and three critical after suspected drug overdoses at Sydney dance party.

RISK FACTORS

Dr David Caldicott Q&A, ABC 18/02/2019s.

“There has been some recent research from the UK for example, which suggests hospital attendances are down... 95 per cent from what they were when pill-testing is applied. We know... young people at those festivals consume fewer drugs, fewer people consume drugs and they mix their drugs less frequently. Each of those is an independent risk factor for death.”

Will they come home?

Brad Hazzard. 28/01/2019

“There would have been parents, mums, dads, other family and friends wondering whether they would come home from those music festivals.”
– NSW Health Minister

Now, you've got to wonder why someone would make this statement, then refuse to use his power to reduce the chances of this happening. – TRACKS Committee 30/01/2019

FIVE DEATHS

Nsw coroner told different circumstances led to the five deaths, including one victim who was drinking as well as consuming mdma – The Guardian

Protesters in Sydney call for the NSW government to support a pill testing trial.
– SBS News

SUSPECTED DRUG OVERDOSES

The Guardian 28/01/2019

Man on life support and dozens treated after suspected music festival drug overdoses more than 30 people have been treated in hospital after weekend festivals in Sydney and regional Victoria. Police have charged dozens of people with drug-related offences across all three festivals.

INJECTING ROOMS

On one matter, experts agree that a more reliable drug-check centre could be established – similar in spirit to the injecting rooms – that could provide better results for drug users, including the many who do not attend music festivals at all.
– Rick Morton The Australian 05/01/2019

Of course we want young people to have fun but don't take an illegal substance, it can kill you” – Berejiklian told reporters in Sydney on Sunday

DEATH OF TEEN

Brad Hazzard. 28/01/2019

Stefan Woodward, 19 years Old rushed to the Royal Adelaide Hospital at 5pm on Saturday, after he consumed pills, believed to be ecstasy, at the Stereosonic music festival at Bonython Park.

He died a short time later.

The Australian 05/01/2019

Cocaine is the likeliest drug to be cut with other substances. In 2011, 53 per cent of the samples tested by EC contained levamisole, a potentially toxic substance.

Chris Melin of the Medical Indemnity Protection Society -The Australian 05/01/2019

“In fact, ecstasy consumption is adjusted according to the test results to reduce risks, and with more frequent testing the frequency of ecstasy use decreases.”

Adriana Bucciatti is calling for pill testing to be introduced at festivals after her son, Daniel, died after taking drugs at Rainbow Serpent in 2012. - change.org

Having been told what was in their samples, five festival attendees in Canberra disposed of their drugs, including one with a potentially deadly ingredient. - *The Australian* 05/01/2019

"To lose your son is the worst thing that can happen to a father. It's the last thing on Earth I would have expected. When they told me they had to hold me up. I couldn't believe it." - Grieving father *Sydney Morning Herald* 09/2019

Music festivals and drug-taking go hand in hand for many young people, with potentially lethal consequences. - *The Australian* 05/01/2019

OUT IN FORCE

Police, medical personnel out in force for music festivals after drug deaths

policeofficers.sbs.news

Mr Grant said the decision whether to fine or charge someone for drug possession will lie with individual.

Now that's a system that can't fail- *TRACKS* Committee 30/01/2019

Police have issued a blunt warning to people attending music festivals this long weekend.

Greens MP David Shoebridge also called for festivals to introduce pill testing, amnesty bins and other harm-minimisation measures.

A former conservative leader of Queensland (Campbell Newman) says drugs and their use should be legalised.
Sonia Kohlbacher,
Australian Associated Press

Courier Mail 13/01/2019

DIY drug-testing kits are flying off Queensland shelves after a spate of deaths at Australian music festivals has led to a debate.

"I can't get my son back but I want to make sure no-one else has to go through the hell of losing their child to a mistake like I did." She delivered a petition with more than 100,000 signatures in favour of pill-testing to NSW parliament.
- **Maani Truu**

The Australian 05/01/2019

When the first pill-testing trial was conducted in Canberra at a music festival last year, a 36-year-old man brought a sample of what he thought to be ice, only to discover he had been sold a deadly drug linked to "mass casualty" overdoses and deaths in New Zealand.

"That's why we took the measure to increase penalties for people supplying these illegal substances to a maximum of 20 years." Asked if it was time to reconsider the government's position on pill testing, Berejiklian said no.

TALK

"We need to have a conversation about decriminalisation or legalisation," the former Liberal National Party leader told *The Courier-Mail* on Tuesday.

"Imagine if we could divert the resources we're spending on enforcement to public health campaigns."

- Campbell Newman

GRIEVING MOTHER

Change.org

"My world fell apart when police arrived at my door to tell me my boy had died at a festival. There's no other word to describe it but horror"

LIVE AT FIVE

Across the new year, pill testing went ahead at five music festivals in New Zealand and the nation's Police Minister, Stuart Nash, says it is "a fantastic idea and should be installed at all our festivals".

The Australian 05/01/2019

ADVICE ON MDMA

Drinking too much water while taking ecstasy is also dangerous, as deaths have occurred from delusional hyponatraemia – a condition whereby a person's brain swells from drinking too much water, inducing a coma.

Hi, I am an employee at QuIHN and my position is a Peer Harm Reduction Worker. I've experimented in almost all party and street drugs in my life and I have been asked to tell you about my time using GHB also known as fantasy, liquid ecstasy and frank.

It comes in a liquid form and is taken orally. It can be measured out in a 3ml syringe and you squirt it down your mouth.

So, one night myself and two of my good mates got invited to a house party for a mate's birthday. I picked them up and one of my mates had some frank on them, so we pulled up at the party and before we walked in, we each had a dose. We didn't have anything to measure it out with, so we decided to fill up the Mount Franklin water blue bottle lid.

We hadn't even been in the party for 10 minutes when my girlfriend and I looked at each other and said 'Let's get out of here, it's too much'.

At that stage the fantasy had hit us like a tonne of bricks, it come on so quick. We grabbed our other mate and got in my car and left the party.

We decided to head to another mate's place to party there. I was driving, we had the music full ball and all of us were dancing in my car. All I can remember is, at one stage, I must have gone up a gutter or something, which woke me up and I concentrated back on driving again. I remember driving into my mate's street, parking the car and getting out of the car screaming out at her, because I could see her on her balcony.

Then I woke up with nurses around me asking me all these questions like:

"What did you take? Do you know where you are? What's your name, date of birth?"

AND THAT'S IT!

I REPLIED

"Well is smells like a hospital to me. Did you call me next of kin?"

The nurses told me "it was very close at stages we thought we would have had to call your next of kin a few times, and you nearly ended up in intensive care too".

All I cared about was where my friends were and my stuff, like my car keys, wallet and mobile phone. Then I wanted to go to the toilet, the nurses wouldn't let me get up to go, but I got up anyway. As I was walking to the toilet, I saw my two friends in the beds next to me.

Then they discharged me from hospital, I had nothing with me at all and they ripped my dress off me, so the only clothes I had on was the hospital dress. The only phone number I knew off by heart was my dad's, so they gave me one call from the hospital. I called my dad. It was 4am in the morning, he answered, I told him where I thought my car was, so he went there and got my car and picked me up from the hospital.

So the advice I'd give from my experience is make sure you dose accurately! (Water bottle lids just don't cut it finely enough)

WHAT IS A NORMAL GHB DOSES?

ONE

Prepare your own G. Always premeasure G carefully using a syringe or pipette that is measured in millilitres. Never swig G from the bottle.

TWO

Always dose yourself so you are in control of what you are taking and how much - don't let others do it for you. A typical dose varies between 0.5ml to 1,5ml, although everyone reacts differently. Even a very little dose, below 1 ml, could lead to an overdose without any warning.

THREE

Always use as low a dose as possible, and wait until the effects are felt, because the strength of G can vary. Wait at least 3 hours before taking a second dose.

FOUR

Due to the variable street quality of the drug and chemical differences between GHB and GBL, be cautious not to mix different types of G. If the drug comes from various sources, less frequent dosing is necessary to avoid accidental overdose.

FIVE

Because G can affect your memory, always record the time you have taken the dose and keep it in a visible place.

SIX

Take G orally. Do not snort or inject.

SEVEN

Avoid mixing G with alcohol or other depressant drugs.

EIGHT

If you can, use food colouring to identify the G, so you won't accidentally mix it with other drinks or water- this will reduce the possibility of overdose.

NINE

Store G safely, out of reach of children and other adults.

FOR DART TALES

Pingers by J

Eckies, E, XTC, pills, pingers, or MDMA, the wonder drug that causes a feeling of unconditional positive regard (hitting you right in the feels through serotonin and dopamine receptors) by heightening empathy and compassion to all your fellow human beings, a stimulant that makes you feel alive and energetic and good, what's not to like about this drug.

It doesn't matter if it's at a rave, a festival or home with your significant other, wanting to spend some quality time together, eckies are the drug of choice for many people and for various reasons.





I think the obvious thing that is often forgotten by the “drugs are bad, m’kay” brigade is that they make you feel good. If they made you feel terrible you wouldn’t take them would you, because you are not a complete idiot. But then I think a lot of things, get ignored by joe public, simply because they have bought a line a long time ago that drugs were some sort of evil substance from the devil. Whereas drugs are chemicals that mankind has been using for millennium for different things including religious ceremonies, medicinally and recreationally. Drugs and human beings have a history together.

MDMA was created in 1912, and was completely legal until 1985, wherein it was outlawed in the USA, closely followed by Australia and the rest of the world. This follows a pattern of ongoing paternalistic prohibition laws that began in a very racist USA, a story for another time. Which brings us back to MDMA. Why do kids in particular do pingers at raves and parties? I asked some of my fellow Uni students in some informal research, the answer is prohibition.

The cost of going to a nightclub or festival is huge for a young person on limited income or worse social security income. Add a partner, and voila you can barely afford to go. Our Government in their paternalistic desire to limit alcohol to young people made alcopops (the choice of rave drinks for young peeps not that long ago) hugely expensive. So each drink costs over ten bucks and you need one an hour at least to have a slight glow on, especially when dancing. Figuring on ten drinks each as this dancing is hot and you lose the alcohol pretty quick, that’s 200 bucks. For 20 bucks each you can be happy as fuck, with complete love for all humanity, feel great and full of energy and drink water for free.

The government only has itself to blame.

6 SAFE USING COMMANDMENTS

1. Less is more – you can always add more to get the reaction/level of high you want but you can not take it away once ingested
2. Don’t share needles – don’t share diseases, you can get free needles at a needle exchange
3. Do NOT introduce others to drugs
4. Test it – make sure you are buying what you wanted to buy
5. Be aware – your defences are down, make sure you are safe.
6. Limit poly drug use – be aware of drug interactions, don’t add alcohol or prescription or other illicit drugs into the mix.

45 Minutes of Panic

Saturday, 12th October 2012

6.30pm

The cold fear surrounds my body and seeps into every brain cell. It infiltrates my thoughts and convinces me that some unknown death is only seconds away.

I lay on my bed and bury my head under the covers for safety but it's no help so I stand up and put my shoes on. Stomping and pacing around my bedroom I realise that fear is coming from inside of me. It's a deep, sharp sense of panic that feels like paper-cuts.

I sit down on my bed again and start biting my finger nails and chain smoking cigarettes, while twitching and shaking. Soon my nails are bleeding and I've got a headache from too many cigarettes.

Still I can't find the physical or emotional source of this fear which leads to even more panic.

Every harmless sound, touch or feeling seems to result in a dizzying swirl of frantic menace.

More Vodka, more, more, more.

More Vodka then.

Prediction : only painful exhaustion and full body collapse will end this panic attack.

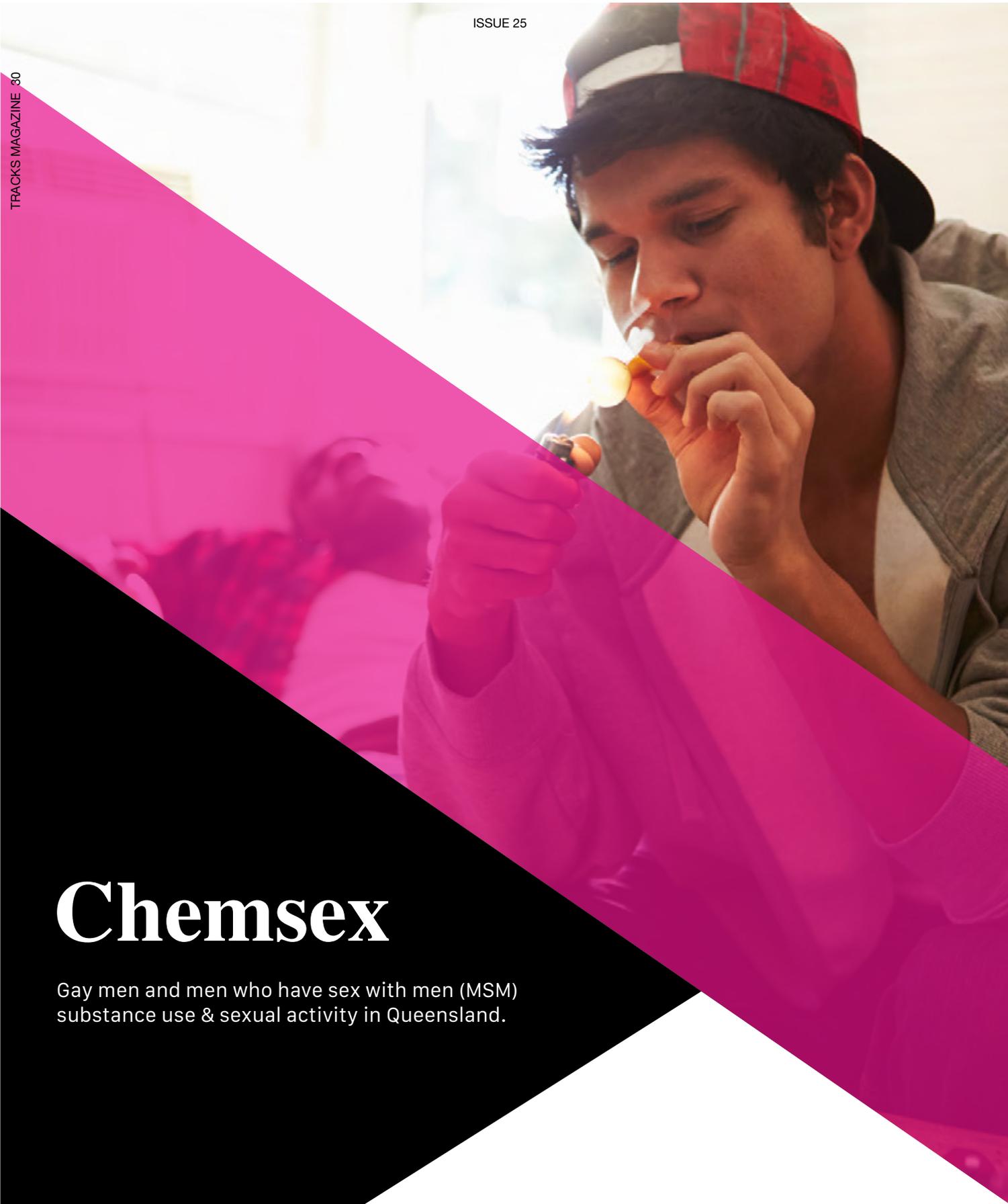
Report ends at 7.15pm with no answers

Z.S.

ADVICE ON MDMA

Using ecstasy and drinking alcohol at the same time can lead to dehydration and overheating and can also increase the negative effects of the comedown. Taking ecstasy while on some antidepressant medications can lead to unpleasant effects such as increased heart rate, loss of coordination, nausea and vomiting





Chemsex

Gay men and men who have sex with men (MSM)
substance use & sexual activity in Queensland.

Chemsex

GAY MEN AND MEN WHO HAVE SEX WITH MEN (MSM) SUBSTANCE USE AND SEXUAL ACTIVITY IN QUEENSLAND.

There is a growing body of national and international evidence indicating that gay men and men who have sex with men (MSM) are at risk of developing a range of harms through engaging in sexual activities while under the influence of alcohol and drugs, mainly crystal methamphetamine¹. This often involves group sex or a high number of partners during prolonged sessions. In gay/MSM circles, this activity is referred to as WIRED, PnP (party n play) or chemsex.

Chemsex is a complex interplay between gay men's/MSM drug taking and sexual activity. The drugs involved (mainly crystal methamphetamine) facilitate sexual confidence, increase sexual desire, ensures sexual longevity and high partner turn over and enables sexual adventurism. Many gay men/MSM participating in this activity find themselves taking unintended sexual risks under the influence of drugs along with being exposed to further harms related to physical health, overdosing, mental health, employment, financial and social and relational harms¹.

For over 30 years, QuAC has been providing quality services that enhance the health and wellbeing of lesbian, gay, bisexual, transgender, intersex (LGBTI), sistergirl and brotherboy people and communities across Queensland.

QuAC is a leader in the delivery of peer based, culturally appropriate and inclusive LGBTI health promotion and services as well as in organisational and individual capacity development that:

- Promotes the health and wellbeing of gay, lesbian, bisexual, trans, intersex, sistergirl and brotherboy communities and peoples across Queensland
- Promotes the health of, and reduces HIV transmission among lesbian, gay, bisexual, trans, intersex, sistergirl and brotherboy Queenslanders

QuAC is therefore best positioned to provide prevention, early intervention, counselling and support services to reduce the harms associated with chemsex for gay men/MSM living in Queensland.

Queensland AIDS Council | Chemsex

FOR MORE INFORMATION

www.quac.org.au / P : (07) 3017 1777

NEW PSYCHOACTIVE SUBSTANCES

WHAT ARE NEW PSYCHOACTIVE SUBSTANCES?

New Psychoactive Substances (NPS), also known as 'synthetic drugs' or 'legal highs' are chemicals that are made to act in a similar way to drugs like cannabis, ecstasy, cocaine or methamphetamine.

They come in different forms including:

- Powders / pills.
- Synthetic cannabis (synthetic chemicals that have been added to herbal or plant material).

Although called 'new' some have been around for decades and are often sold as incense, bath salts, plant food or wrongly marketed as safer or legal alternatives to other drugs.

MISCONCEPTION ABOUT THEIR LEGAL STATUS

In attempts to stay ahead of, or get around the law, manufacturers have changed the molecular structure of NPS. NPS have been changed so often and new substances made that it is practically impossible to know what is in what you are taking.

Laws regarding NPS may be different depending on where you are in the world but even NPS bought from regulated licenced sources can be dangerous. Buying them from the internet or from unregulated sources can be very risky as even if it has 'legal' on the packet there is no guarantee what's in the packet is legal or safe.

- For example, two products, each sold as synthetic cannabis may be completely different chemicals from each other and have nothing in common with cannabis or even the ingredients written on the packets.

NPS have been linked to deaths in the United Kingdom, Europe, America and Australia.

SIGNS OF OVERDOSE

The effects of NPS vary from substance to substance and so may signs of overdose.

Some signs of overdose can include:

Physical signs

- Rigid muscles / spasms
- Shaking / shivering
- Fever / overheating
- Nausea or vomiting
- Difficulty / stopped breathing
- Can't be woken up
- Seizure

Psychological signs

- Confusion or distress
- Paranoia, fear and panic
- Agitation and aggression

31 AUGUST

INTERNATIONAL
OVERDOSE
AWARENESS DAY

OVERDOSE RESPONSE

If you think someone has overdosed, please consider the following:

Before you act, check for dangers such as needles.

Call an ambulance, tell the operator your location, and stay on the line.

If confused or panicking, try to reassure them.

Maintain calmness in the area.

If overheating, try to cool them down by loosening outer clothing or putting a wet towel on the back of the neck or under their arms.

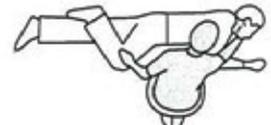
If you can't get a response, put them in the recovery position.

The Recovery Position

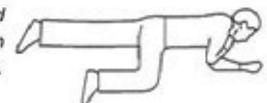
Support face Place the arm nearest to you at right angles to the body. Place their other hand against their cheek.



Lift Leg Get hold of the far leg just above the knee and pull it up, keeping the foot flat on the ground.



Roll over Keep their hand pressed against their cheek and pull on the upper leg to roll them towards you and onto their side.



WHAT NOT TO DO IN THE EVENT OF A SUSPECTED OVERDOSE

- Do **NOT** leave the person alone.
- Do **NOT** give the person anything to eat or drink, or try to induce vomiting.

TIME TO
REMEMBER.
TIME TO
ACT.

 **International Overdose Awareness Day**
prevention and education

A Pennington Institute Initiative

For more information visit
www.overdoseday.com

HI, I AM ESHA

I AM THE NEW STAFF MEMBER AT QUIHN IN BOWEN HILLS OFFICE.

My job position is Peer Harm Reduction worker in the nsp.

OK, I will tell you're a bit about myself.

I started using drugs and injecting when I was 12 years old. My choice of drugs has always been speed but now Ice.

I was Born in Darlinghurst Sydney You could say I was born into this "Drug World". Both my mum and dad were heroin users.

My Grandparents brought me up to the Gold Coast when I was 3 years old to get me away from the "Drug life".

I have lived the same life as many other drug users, done heaps of crime to support my drug habit, lived on the street, been in and out of jail and under the thumb of the corrective services most of my life.

I decided to ask for help with my life's issues. The main one was drugs!!

That's when QuiHN come into my life. I was so scared at first, but I don't know what I feared.

So, I have been a client with Quihn for about 12 years, as the staff say 'I am a part of the furniture' I have used all areas and done *all* programs and groups.

I also did my college placement at QuiHN and through that time I started a group that had never been done before. It was called 'Women's Group' and involved getting together once a fortnight in a non-judgemental group only for women.

And I have continued with one-on-one counselling and done the *New Hep C Treatment* which has changed my health and life. I never thought the Hep C was affecting my health because I think I was used to it since I had the virus for over 15 years. But since I have been cured I am much healthier. I also can't believe how easy it is to cure.

Now I am over the moon to work for QuiHN. I am so happy to meet new people, help and support them while they're on the Hep C treatment, chat to people about vein care and safer injecting and just have a chat about life in my role as a peer harm reduction worker.

AT THE
AGE OF
25 I HAD A
BABY BOY
WHICH
CHANGED
MY LIFE.

SEX WORKERS' SAFETY IS IMPORTANT, RIGHT?

That's why we feature in so many films, series and cop shows. No, you're right that's stigma! And there is no doubt the laws in Queensland reinforce stigma & stereotypes while criminalising and isolating sex workers.

When did you ever see a film or cop show that highlights the changes that need to be made to the laws to improve sex workers' safety. Probably in that same episode where they recognised the war on drugs caused major harm!

If you talk to sex workers in Queensland many will tell you that the laws actively criminalise basic safety strategies.

- It's illegal to work in the same building, in pairs or to offer doubles
- It's illegal to hire a receptionist
- It's illegal to use a driver another sex worker uses and recommends
- It's illegal to text another sex worker to let them know you're ok and your client has left.

Imagine you're a sex worker (that won't be hard for some of you J) and the laws actively prevent you working safely. What a choice right, work safely OR legally?

The charge for all of these is 'knowingly participate in the provision of prostitution'. The intention surely wasn't to criminalise sex worker safety strategies but that is the direct impact of these laws and current policing practices.

The law is also used against the friends and partners of sex workers. For example, a sex worker uses their partners credit card to pay for an advert or if a sex worker gets a friend to help write their advert, or you get your partner to drop you off at a booking – all have resulted in charges.

We are told the intention is to stop people exploiting sex workers but the outcome of this paternalistic approach is the exact opposite. The laws are being used against sex workers not to protect us.

When aspects of sex work are criminalised sex workers can't report crime. When describing what took place in relation to the crime we would incriminate ourselves by outlining safety practices that are illegal. So we avoid any contact with the police.

We are not describing a scenario where the laws are a problem but not used. 'Prostitution-related charges' including for advertising, increased up to 450% in 2016-2017 and those charged were mainly women over 30 years old.

Police can and do use entrapment, posing as a client and using the interaction to identify other offences. Often phones, laptops and cash are confiscated as 'tainted property'. Many of these undercover 'stings' are the result of police identifying that there is an advertising breach.

Police readily admit that these crimes have low impact on the community yet they continue to be actively policed. It's illegal to describe your services in an advertisement and a complex guideline, put out by the 'Prostitution' Licensing Authority, outlines the extensive list of what is not allowed.

Obviously, the safety of sex workers is not the priority of these laws or how they are being policed in Queensland.

But there's another impact of the laws that is more pervasive than the policing. The laws break down community and isolate sex workers – also not good for safety or our health (including mental health). Like the drug user community, the sex worker community in Queensland rely on each other for support, tips and social support. We work or use together and we know stuff about each other.

Social networks are important to us but the laws foster distrust. Sex workers are worried if they let other workers (or people) know how they work the info could be used against them. It means we are reluctant to catch-up with other sex workers between jobs, in case it's misunderstood as us working together.

Sex workers have been calling for decriminalisation for a long time, the evidence has even caught up and supports decrim too, but you won't see that reflected on the big screen or in pop culture. So much interest in our safety.... but not so much interest in the obvious solution

We have an opportunity to change this in Queensland - it's now government policy to repeal the laws and decriminalise sex work. It's time to let the government know there are people that care about sex worker safety and think this issue is urgent. You can contribute by writing to your local member of parliament and telling them you support the decriminalisation of sex work. They've heard from us now they need to hear from you.

Get behind the #DecrimQLD campaign, follow us on Twitter @DecrimQLD or on our Facebook.

#DecrimQLD is a committee of sex workers who have joined with Respect Inc, the Queensland sex worker organisation, to progress the removal of harmful and discriminatory sex work laws and achieve decriminalisation in Queensland.

5 Decriminalisation of sex work in Queensland: Laws Facts Rights & Safety

The **National HIV Strategy** recognises **voluntary NOT mandatory testing as the best-practice approach.** Unnecessary testing results in long wait times in clinics with appointment resources drained by unnecessary testing instead of prioritising access for those with symptoms or in need.

The **Lancet series on sex work** found: **“decriminalisation of sex work would have the greatest effect on the course of HIV epidemics across all settings, averting 33-46% of HIV infections in the next decade.”**

Public health, sexual health & decrim

Queensland Sexual Health Strategy:
 “...the rate of HIV and sexually transmissible infections (STI's) amongst sex workers in Australia is low due to prevention initiatives driven by peer education, support networks and outreach. These prevention initiatives include provision of information regarding safe practices, condoms and lubricant.”



#DecrimQLD

Sex workers in Queensland have:

- high rates of condom use
- regular testing, and
- good sexual health

in spite of current laws.



Queensland's Sexual Health Strategy notes that fear of authority and working outside the legal sector are barriers to accessing health services for sex workers.

The legal framework in Queensland has resulted in more than **80%** of sex workers working outside of the legal sector.



It is peer education NOT policing that results in high levels of condom use & regular testing by sex workers.
Sexual health professionals recognise sex workers can play an important role as the safer sex educators of our clients.



“The **public health evidence clearly shows the harms associated with all forms of sex work criminalisation**, including regulatory systems, which effectively leave the most marginalised, and typically the majority of, sex workers outside of the law.” (i.e. in Queensland)

“These legislative models deprioritise sex workers’ safety, health and rights and hinder access to due process of law.”

The evidence shows **decriminalisation can** “increase the ability to report incidences of violence and **facilitate access to services.**”



Police in Queensland can legally entrap sex workers by posing as clients and requesting illegal/unprotected services.

Rather than providing protection for sex workers, mandatory condom laws are being used against sex workers in Queensland.



Keep police out of sex workers’ bedrooms/workplaces

Police are not trained or qualified to be the **safe sex police!!!**

Leave sexual health education to the experts!

National STI Strategy: “Strong and sustained health promotion programs among sex workers have led to rates of STI’s... among the lowest in the world.”

#DecrimQLD is a committee of sex workers who have joined with Respect Inc, the state sex worker organisation, to achieve decriminalisation in Queensland.

Phone: 0491 228 509 Email: DecrimQLD@respectqld.org.au

Web: www.respectqld.org.au/decriminalise-sex-work/

MY PREPARAT

BACK STORY –

I'm a 47yr old who has enjoyed most psychoactive substances over the last 35yrs. I've had fun with some compounds and been to hell and back with others. I started very young with alcohol and cannabis at age 12 and loved both from the start, I also grew a liking to Benzos around the same time after stealing endless packets of serepax off my grandmother who seemed to stockpile them but never take them.

"BUT MY
FIRST REAL
POWDER
WAS WHEN
I WAS 13"

It was speed, back in the 80's Amphetamines were a whole different kettle of fish compared to these days, but the first thing I injected was Heroin the same year. I grew up in Sydney and lived at Cabramatta so my love/hate relationship with opiates started there as well. I also loved my Cocaine, but it was harder for us to get as teenagers compared to anything else, so its use was sporadic at first until I found a reliable source years later. But some of my favourite drugs have been psychedelic in nature, ever since my first tab of LSD in 1988 I loved the drug and used it whenever possible from then on. Around 1989 / 90 in Sydney MDMA tablets started to appear in my circle more and more so they were quickly added to my favourites list as well.

Anyway, I digress, lets get to the point of my story, shall we?

About 18 months ago I was invited on a camping trip by an old friend who also enjoys the occasional Hallucinogenic experience under the right circumstances. So, he informed me he had acquired 3 LSD blotter tabs to take while camping, so I invited a 3rd person to come along on our weekend camping "Trip"

So, on the Friday night after setting up camp the 3 of us took 1 trip each.

It was the first trip ever for one person but myself and my friend had taken plenty over a 35-yr. period. So, we picked 1 each and dropped them all at the same time. I rolled & smoked a large blunt while waiting for the LSD to take effect. Well in about 45mins it was clear my 2 fellow mind traveling friends were well and truly under the influence of what I refer to as "Giggle Trips" The kind of trip that just makes you laugh and giggle at the smallest of things for hours until you end up with a sore face from smiling continually for 5hrs straight. Well I normally enjoy these types of trips, so I was getting a little impatient waiting for my experience to catch up to giggling friends' level. After about 90 mins I could feel it but I didn't seem to be anywhere near the level the other 2 people were on, I started to think I somehow picked the weakest of the 3 trips and was a bit pissed off that there wasn't another 3 or 4 trips left for me to take to try to catch up to my sniggering buddies. After an hour or 2 I resigned to the fact that it just wasn't going to get any better & I should just enjoy the limited feelings that I did get from it.

ADVICE ON MDMA

A high dose of ecstasy can cause a person to overdose. This means that a person has taken more ecstasy than their body can cope with. People may experience:

Floating sensations / vomiting / high temperature / hallucinations / anxiety / out of character irrational behaviour / irritability / paranoia and violence / fitting

TION INFO R ROLL

Well for the next few weeks I started to wonder why I didn't get the same effect as my friends, surely it couldn't be a tolerance problem because I hadn't been able to get my hands on any LSD for a few years so my body shouldn't have still been used to the drug see that I only had it very sporadically.

So off to Googleland I went, and it was then that I found out that one of the medications I was on was interfering with the way the body breaks down MDMA & LSD.

Quetiapine (Seroquel) is An Antagonist at the 5-HT_{1a} & 5HT₂ binding sites, these are the receptors that MDMA works on so in layman's terms, my research showed that MDMA or LSD will be relatively non euphoric when taken together with this medication. Learning this made me think about how many other people are taking this cocktail without being aware of interactions between what they are prescribed and their drug of choice so I decided to document tonight's attempt of a roll to share with others who might be taking this combination of street drugs and prescription medication without knowing the interaction between them.

So, with that knowledge lets fast forward to tonight's effort. Being Aware of this reaction this time, I obtained 2 Red Superman pills that were sold as MDMA. Not having a test kit, I resorted to the only way I know, take it and see (I know, not the best harm reduction method)

On Wednesday night I tried to halve my Seroquel dose attempt to get the levels low enough to not interfere with MDMA but I couldn't get to sleep so after a few hours I caved and took my medication so I could sleep, vowing to return to this goal better prepared, so I gave myself permission to go and get some Xanax off a friend to help me get through the night without my Seroquel, so my plans were to try to go 48 – 72hrs without my medication so I could feel my E when I rolled on Sunday night.

I managed to go without my Meds altogether on Thursday, Fri and Saturday night with the help of a benzo, so I thought the stage was set ready for me to go Sunday night. So, after crushing the tablet I parachuted 1 pill. In an hours' time I felt nothing, but I resisted taking the 2nd pill too early because I remember a batch years ago that took nearly 3hrs to take effect, so I took note of the time and waited.

After 3hrs and feeling nothing, I had the last pill, already accepting the fact that I probably wasn't going to feel anything slightly euphoric this night. Well it was a total non-event, and to this day I'm not sure if I was sold bunk or if it was MDMA and the prescriptions stopped it. Next time I will invest in a pill test kit beforehand so as not to go through all this for nothing but after doing more research I'm not sure if I gave it long enough to leave my system. This led to me thinking how many people don't know about this interaction & is that the reason behind some MDMA overdose's? are people taking more thinking they are just weak pills so they just keep popping more trying to catch up to their friends level when in reality its just not going to happen?

My research continues.

WOMBAT

CURRENT MEDICATIONS –

- Methadone – 100mg – 1x Daily - (Opiate Replacement)**
- Serequel – 300mg – 1x Daily - (Anti-Psychotic)**
- Mirtazapine – 60mg – 1x Daily - (Anti-Depressant)**
- Nexium – 40mg – 1x Daily - (Reflux)**
- Xarelalto – 20mg – 1x Daily - (Blood Thinner)**
- Sifrol – 125mcg – 1x Daily - (Restless legs treatment)**

ADVICE ON MDMA

The chances of an overdose are increased if ecstasy is taken with other stimulant drugs such as amphetamines or cocaine. Using ecstasy with other stimulants can increase effects such as heart rate, blood pressure and anxiety.

References – How Drugs Affect You 06 Ecstasy Australian Drug Foundation (ADF)

HAPPY MUD-MAPPING FRIENDS...

IT'S THAT FESTIVE HOLIDAY TIME OF YEAR WHEN AROUND US WE SOMETIMES SEE TRIGGERS WE FEAR, REMINDERS OF WHAT OTHERS CAN HAVE US PRETEND TO BE AND CONFORMING TO THE LURE OF THE SHOPPING SPREE.

Bright lights and music with subtle bell tones can remind us of times when we were all alone, and bring us a sense that we may not really fit, so let me just point out a silent light that is lit...

By being here each Monday at half past ten there's something quite special that happens when, like-minded souls with commonalities of history, come to share their uniqueness in this unfolding mystery.

Mudmaps, rough sketches to navigate the paths, putting heads and hearts together with some genuine laughs...

Illuminating a world that not all outside us can see however brightly our star shines that helps us stay free. A safe place held sacred by our Lady Niki of Quihn... consistent and real, not playing to win.

Caring more for inclusion and a little less harm, teaching self acceptance with true kindness and calm.

When we all stood lined up with our history dates, wondering whether our tastes are dictated by fates, we came to realize that the vast experience in this space accumulates through sharing our own trials and grace.

Each voice heard with unconditional respect and regard, brings treasures to the surface of life challenges hard, whether overcome or in process with

lights visible or not at the end of our tunnels... we share what we've got.

I will take this chance again to say thanks to the past and future contributing ranks of those who behind these four precious walls have helped me clarify inner urges and calls.

You have all at times made me remember keynotes, echoed over time either close or remote. Things that I had buried came back with a gasp, and then were resolved into something real I could grasp.

We've covered so many icebreakers it is true, fascinating to see each week something new.

If they were put together and sold in a volume of a sort our next few coffee outings could be easily bought.

So as we all walk into this holiday state, whether food or challenge is piled up on our plate... May all input be nectar for our bodies and souls so we can update easily any previously set roles.

Whatever anyone assumes or thinks we were, any past grudges from some word or old slur can all be retired finally to some inner space...

just a vehicle for a lesson when our future history we trace.

Let's remember that any excuse to lay history to rest, to get together with others as our personal best, is an opportunity to create new associations by finding something new in each year's celebrations.

So here's to building new paths in our neurological flow, acknowledging our insights and how we help each other grow, whether understandable to others with their own lessons to be learned it's always a great day to claim the strengths we've hard earned.

Thanks to you all. Enjoy!

PILL TESTING AT MUSIC FESTIVALS



Every summer I turn on the news or read on my phone, about more lives being lost at musical festivals. This summer several thousands of people have attended music festivals around the country. Just this festival season we have already had 5 people lose their lives at various music festivals. Pill-testing has been the subject of both scientific and political debate, and the question whether testing encourages the use of drugs, is one of the major issues in our community. Despite these tragedies happening, our state governments remain opposed to pill testing, saying that it will give people a “green light” to take drugs and have a false sense of security that drugs are safe to use. The evidence suggests that pill testing is an effective harm minimisation approach; with Pill Testing (or Drug Checking) providing feedback to users, on the content of the illicit drugs they have, allowing them to make informed decisions and choices. Research has shown that people attending festivals and the wider community are highly supportive of pill testing.

UNLIKE PHARMACEUTICAL DRUGS, ILLICIT DRUGS ARE UNREGULATED,

meaning the quality and strength of substances vary widely. This can sometimes lead to drug contamination, which can cause poisoning, or unintentional overdose, when people are unaware of the strength of the drugs they are consuming. Pill Testing has been occurring in countries in Europe since the early 90’s, and DIY pill-testing kits have been used by some festival goers for years. Each DIY kit contains a solution to be dropped onto a ground up sample of the pill, will change colours to show the presence or absence of a substance such as MDMA. The trouble is these kits cannot confirm doses of a particular drug and do not provide information on other potentially dangerous cutting agents.

Australia’s first professional pill testing occurred at Canberra’s Groovin’ The Moo Festival in April 2018 and if the headlines are true, the second pill testing event will go ahead at the next Groovin’ The Moo Festival this coming weekend (end of April 2019). Based on the Canberra Groovin’ The Moo Festival the process worked like this:

- The pill testing tent was located in the festival’s medical precinct. This allowed law enforcement to acknowledge it is occurring for ‘medical purposes’ with law enforcement not stationing themselves on the doorstep, to ensure people accessing the service had medical confidentiality.
- On arrival people queue outside the tent, once inside signing a waiver releasing the testers from liability. They are able to speak with a peer educator to ensure that they understand the testing does not guarantee the safety of the drugs. It simply just tells the person what they are able to find in the sample.
- Each attendee provides a sample of their drug to a licenced chemist who photographs and weighs it before putting it under an intra-red spectrometer where it is mounted on a piece of diamond and shot with laser light. Through the light reflected, the chemist is able to detect what is present in the sample.
- The attendee then has a consultation with another peer educator to discuss their options now they know what is in their sample. Of the 83 samples tested in 2018, just 42 contained MDMA, even though 70 people thought they had bought ecstasy pills; 17 of the samples had “fillers” or cutting agents as their main ingredient. Other substances found included caffeine, dietary supplements, oil and toothpaste.
- A Harm Reduction worker provides information about the risks of consuming the substance identified, and ways they can reduce their risk (e.g. not taking the substance or taking a smaller dose).
- Before leaving the tent, the person is advised of an “amnesty bin” in which they are able dispose of any drugs they have on them

From a harm minimisation perspective, completely eliminating a drug or drugs from society is an unrealistic aim that typically causes more harm than good. As a result, we would do better to restrict the damage caused by them, even if this means an overall increase in the use of drugs.

“WE’RE TELLING PEOPLE THAT THIS TEST DOESN’T TELL YOU IF YOUR DRUG IS SAFE. IT JUST TELLS YOU WHAT WE’RE ABLE TO FIND IN YOUR SAMPLE.”

Dr David Caldicott




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

Biala (pp)

270 Roma St, Brisbane
T 07 3837 5600
Mon to Fri 9am – 12pm, 1pm – 4pm

QuIHN Townsville

47 Thuringowa Drive,
Kirwan, Townsville 4185
T (07) 47358 828 / Mon to Fri 9am – 5pm

QuIHN Southport

Southport Health Precinct
Level 1 16-30 High Street
Southport 4215, Gold Coast, QLD
T (07) 56879039 / Mon – Fri 10am-4pm

QuIHN Burleigh Heads Gold Coast (pp)

Unit 12/89-99 West Burleigh Heads,
Burleigh Heads 4220, Gold Coast, QLD
T 07 5520 7900 / Mon to Fri 9am – 7pm

DOWNLOAD the FREE Queensland Needle & Syringe Program app



Access a directory of public and pharmacy Needle & Syringe Program (NSP) sites across Queensland.

Read useful information about safe injecting practices, blood borne viruses and overdose.



The Pharmacy
Guild of Australia



Queensland Government



www.quihn.org
www.nspandlegal.aivl.org.au