

# TRACKS

Illicit drug users  
magazine

Issue 16  
2013



## In this issue:

**NEW HIV  
TESTING**

**INTERVIEW WITH  
SIMON CLOUGH**

**NEW AND  
EMERGING  
DRUGS**

**STEROIDS AND  
IT'S EFFECTS**

**TIPS FOR  
STAYING SAFE  
THESE HOLIDAYS**

**WORLD AIDS DAY  
DECEMBER 1**  
[www.worldaidsday.org.au](http://www.worldaidsday.org.au)

**ISSUE 16**



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.



# FROM THE EDITORIAL TEAM

Dear Readers,

The Tracks editorial committee would like to dedicate this edition of Tracks Magazine to our dear friend and QulHN colleague, Roland Baronowski, who recently passed away.

A man of great passion, talent and dedication - Roland was with QulHN from its inception having begun his journey with us as an employee of QuiVAA.

Much of our past Tracks issues, videos, publications, website content and other multimedia is testament to the great contribution Roland made as one of the most passionate and longest serving QulHN employees.

The QulHN community will continue to mourn the loss of Roland for a long time to come. Our thoughts are with his family.

In the last issue of Tracks we asked readers to have their say about what they want to see in up coming editions of Tracks. See the article titled "Your Magazine, Your Say" to find out what readers want.

QulHN Cairns has moved it's location, learn more about QulHN Cairns and check out the photos in the "Welcome to QulHN Cairns" story.

In Queensland, we are currently in the process of developing a Naloxone Program. This program will initially operate from the Biala NSP in Brisbane. QulHN are helping Biala to develop and run the Naloxone training for drug users, and hopefully by the end of year drug users will be able to take part in the Naloxone training and take Naloxone home to use in case of an overdose. If you want more info on Naloxone in Queensland you can read the full article in this edition of Tracks.

We encourage you to have your say on what appears in this magazine so if you have any feedback or suggestions please contact your local QulHN office.

Thank you and wishing you all a happy holiday!

**The Tracks Team**



## TRACKS

Illicit drug users magazine

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### QuIHN'S VISION

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

### QuIHN'S FOCUS

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

### QuIHN'S PURPOSE

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

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

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

### TREATMENT & SUPPORT SERVICES

QuIHN offers a range of counselling and support services from our Brisbane, Cairns, Gold Coast and Sunshine Coast offices.

Individual (Dual Diagnosis) Counselling Services are tailored to meet your needs.

QuIHN Treatment Services also provide a range of psychosocial educational group programs providing support and skill building for anyone experiencing the negative effects of drug use and mental health problems (Dual Diagnosis).

### WE WANT YOUR FEEDBACK

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

This publication does not necessarily reflect the views of Queensland Injectors Health Network (QuIHN). QuIHN chooses not to judge those who use illicit drugs, but welcomes contributions which reflect opinions and issues of those who have used, or are still currently using illicit drugs. It is not the intention of this publication, or QuIHN, to encourage people to use illicit drugs or engage in criminal activities, but to reduce harms caused by illicit drug use. The editorial panel reserves the right to edit material submitted, and will not

be held responsible for the accuracy, or otherwise, of information in this publication. No responsibility will be taken by QuIHN for harm people encountered following actions taken upon reading the contents of this publication. This publication is not intended for general distribution – its target group is those who use, or have used illicit drugs.

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

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

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YOUR MAGAZINE!  
YOUR SAY!





# NEW RAPID TESTS ARE SET TO OVERCOME BARRIERS TO **HIV** DIAGNOSIS

Barriers to HIV testing, including access, time to get results and intravenous blood testing, may result in at-risk individuals testing infrequently, or not at all. Early diagnosis means better prognosis and decreases onward transmission.

A free rapid HIV test is now available at your local sexual health clinic.

The rapid test provides results within 20 minutes by collecting a small blood sample from the fingertip. The rapid test detects both HIV antibodies and the HIV antigen, which can appear just 12-26 days after infection. HIV antibodies first appear later around 20-45 days after infection.

A negative result on the HIV rapid test reduces any anxious waiting. A positive result leads to early diagnosis which allows you to manage your own health and help

you live a healthier life through appropriate treatment. Going on treatment will also reduce the chance of you passing the virus on to others as your viral load (the amount of virus in your blood) will be lower.

Not everyone infected with a blood borne virus has been tested or diagnosed so it's important to treat all blood and bodily fluids as potentially infectious.

You can also find out information at your local sexual health clinic about HIV Post Exposure and Pre Exposure prophylaxis which are

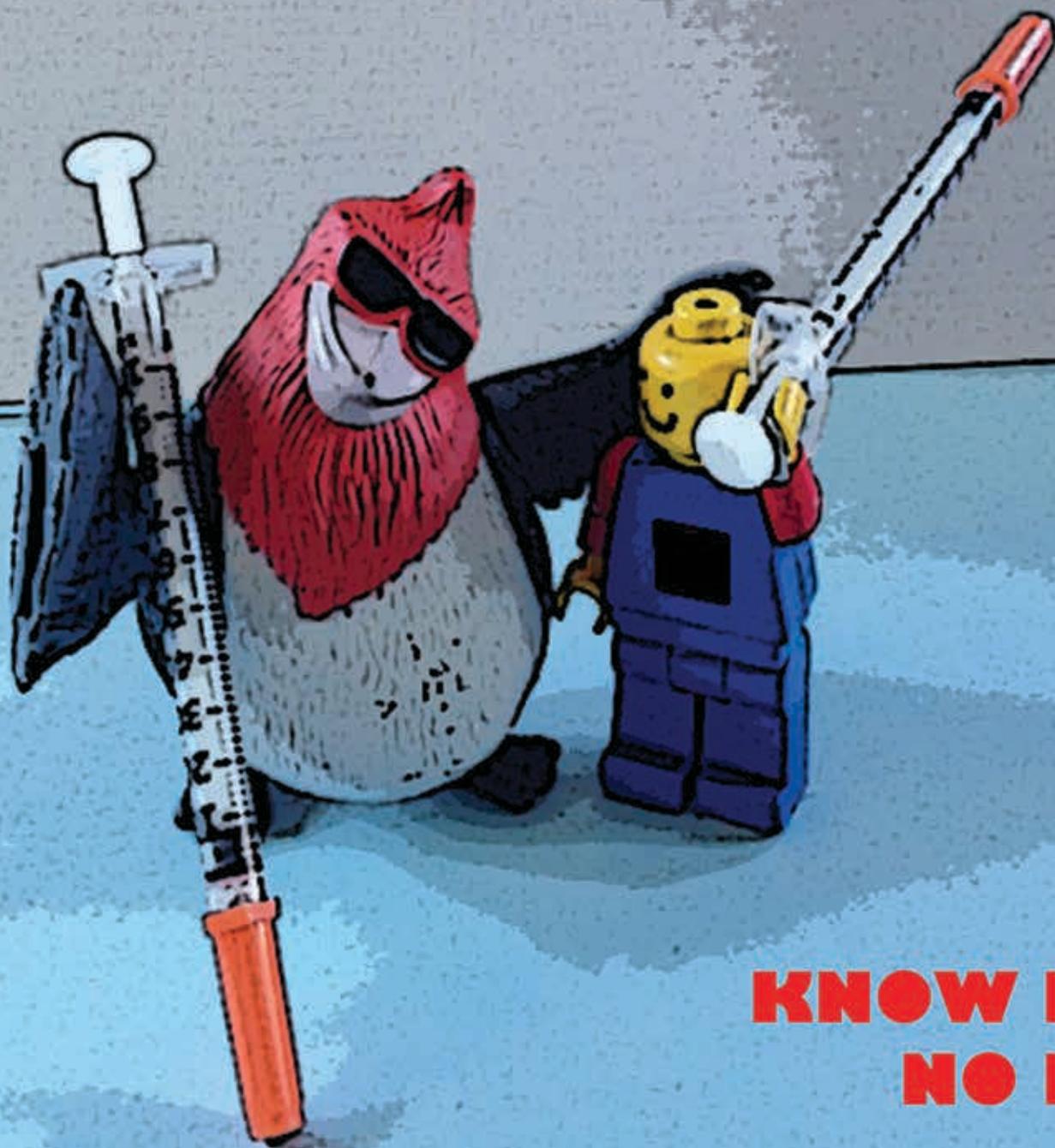
treatments to prevent a person acquiring HIV.

Post Exposure prophylaxis is a treatment you can have as soon as you may have been exposed to the HIV virus. Exposure may have occurred through sharing injecting equipment or through unprotected sex with someone who has HIV. This treatment is very effective if received as soon as possible or within 72 hours of exposure.

Treatment can be received through your local sexual health clinic or emergency department.

**THESE GUYS ARE HAPPY.  
THEY USE STERILE INJECTING  
EQUIPMENT AND KNOW THEIR  
HIV STATUS.**

**GET TESTED TODAY**



**KNOW HIV  
NO HIV**

THE EARLIER HIV IS DETECTED THE BETTER. GET TESTED AT YOUR LOCAL GP OR SEXUAL HEALTH CLINIC

# Following HIV

In 1982 at 18 I was living on the Northern Beaches of Sydney and life was sweet. Sunny, beach smelling, carefree days were filled with sex, drugs and rock n roll. Sex and rock n roll were free and plentiful. Drugs were plentiful but alas not free, yet they were a must for enhancing sex, other drugs and rock n roll. Safe protected sex was something you did so as not to fall pregnant and the worst threat from having sex was a few crabs or if you were really unlucky the clap. No one died from having sex in 1982. I vaguely remember hearing somewhere about a virus that seemed to worry the medical profession. It might have worried them but not me. How could this virus possibly affect me?

### 1982

- Late in the year the first case of AIDS in Australia is reported.

### 1983

- July the first AIDS related death occurs in Melbourne.
- Four babies die in Brisbane after being given blood transfusions.

In 1985 I was 21 with a husband, a baby and a mortgage. One day we watched the news as 3 year old Eve Van Grafhorst and her family were vilified and ostracised by Eve's kindergarten. Parents refused to send their kids to the same kindy as Eve. They picketed the school and yelled at Eve's parents to remove from their community this demon masked as a little girl. Eve's crime? She had contracted HIV during a blood transfusion shortly after her birth. What we were seeing was a modern day witch hunt and it was disturbing to watch. I'm ashamed to admit, I understood these parents who had transformed into an uninformed hysterical mob. I was scared; we were all scared. Aren't we all ignorant until educated? I only wish I'd been educated sooner. Eve's family were so persecuted in this country they moved to New Zealand where

they were welcomed with open arms. Arms full of compassion and empathy rather than judgements and discrimination.

### 1985

- AIDS has been reported in 51 countries.
- Australia becomes one of the first countries in the world to screen all blood donors.
- First international conference on AIDS is held in Atlanta, Georgia, USA.

### 1986

- World Health Organisation launches its global AIDS strategy, recommending that sterile injecting equipment be made available to drug, trying to prevent the spread of AIDS.

### 1987

- 62,000 cases of AIDS are officially reported by the World Health Organisation.
- Scare tactic warnings against HIV appear on Aussie television and the country meets the Grim Reaper for the first time.

In 1988 my marriage was over and I had a new boyfriend. I also injected heroin for the first time. While the telly was full of HIV scare tactic warnings, little education or practical information was offered. Support for people who had contracted HIV was all but non-existent. The Grim Reaper ads sum up the fear that hovered around us and dissolved any pleasure people might have felt when contemplating sex. The Grim stuck hard in our minds: but not hard enough. I made my new guy wear a condom for a couple of months (or at least a couple of weeks) and when I found out he was injecting I made him go for a HIV test. He didn't have HIV so when I started injecting I thought it safe for us to share fits.

### 1988

- World AIDS Day – December 1st – is initiated.

### 1989

- People Living with HIV/AIDS (Western Australia) open the first drop-in-centre in Australia.

### 1990

- 307,000 AIDS cases are officially reported to the World Health Organisation, however true figures are estimated to be one million people living with AIDS, and a further 9 million living with HIV.

In 1990 at 27 I was told I had Hep C. Somehow the warnings had failed; they had missed or misused vital information. Only a few legends fought for the rights of folk who inject drugs: Because if we all 'just

said no to drugs' in the first place (the mantra of the government at the time); well we wouldn't be in this pickle. Throughout the 90's some friends attended funerals weekly and nursed to their death those who had recently been so alive. Young people, rich people, famous people, family, friends, co-workers, acquaintances, babies and little girls; no one was immune from HIV/AIDS. Other friends and I also attended many funerals; for loved ones who had overdosed on heroin. Needle and Syringe programs and their advocates were in a constant battle to justify the necessity of their existence. The legends understood the need for more education and support around drug use and more education and support is what they got us and we delivered it (with sterile injecting equipment) to users through our NSP's.

### 1993

- The Commonwealth launches HIV/AIDS related anti-discrimination campaign; the first such campaign in the world.
- 691 Australians die of AIDS.

### 1994

- AIDS becomes the leading cause of death amongst Americans aged 24-44. Approximately 400,000 Americans have developed AIDS and over 250,000 have died.

In 1996 at 32 I was in Boga road jail and people I knew were dying from HIV. I no longer asked myself how this virus could affect me: now I knew; now it was obvious.

### 1996

- Triple combination therapy begins to be used in Australia and a new era is ushered in & AIDS-related mortality rates in Australia fall dramatically.

### 1997

- UNAIDS reports that globally 30 million people may be living with HIV and that 16,000 new infections are occurring every day. 40 million children will have lost one or both parents to HIV/AIDS by 2010.

### 1999

- The World Health Annual Report states that AIDS has become the world's fourth leading cause of death.

### 2000

- There are 36 million people living with HIV/AIDS worldwide, with Eastern Europe showing a massive increase in infection rates.

### 2001

- HIV/AIDS has lowered the life expectancy in Botswana, Malawi, Mozambique, and Swaziland by 20 years, to less than 40 years of age.

### 2002

- 11.8 million children and young people around the world are living with HIV/AIDS.

### 2006

- UNAIDS estimates that 39 million people worldwide are living with HIV/AIDS, 4.1 million became newly infected and 2.8 million died.

### 2011

- UNAIDS reports that the world's AIDS epidemic has hit a plateau, with 2.7 million people becoming infected each year for the past five years. 1.7million people worldwide die from AIDS related illness, 75 of them Australians.

In 2013 I am 50 next year. Approximately 25 million people have died from AIDS after contracting HIV 38 million are living with HIV/AIDS. In Africa 200-300 people die a minute because of AIDS related illnesses. Improved early detection processes and treatments for HIV means less youthful deaths (for the lucky countries) but still we are dying. I would like to think we would now hug instead of shun young Eve who died on the 20th of November 1993, four months after her 11th birthday in Hastings with those that mattered the most to her by her side. She might have only been on this earth for 11 years but she lived several lifetimes. She was born fighting for her life; she lived fighting for her rights and died as a symbol of the rights of all. I would like to think we are human enough to support those in need rather than sit in judgement on how they got to where they are. I would like to think we are more intelligent, understanding and selfless. I would like to think my doubts around this are unfounded. I would like to think.

### Fiona 2013

([http://www.som.uq.edu.au/media/316953/australian\\_hiv\\_timeline.pdf](http://www.som.uq.edu.au/media/316953/australian_hiv_timeline.pdf))

# SEX, DRUGS & QUINN

**Alcohol was the first drug I used. Both my parents drank heavily and there was often no food in the house. Sometimes I'd be staying away from home and knowing I was going back to no food, I would steal a straw to take home, which I could use to drink from the alcohol bottles in the fridge. I knew I needed a straw because I was still too young to be strong enough to hold the full bottle up to my mouth. I think I must have been about 6.**

As a teen I would binge drink. The alcohol would lessen my inhibitions which backed up my sex seeking when I became addicted to sex. I was 21 and using alcohol, pot, sex and the occasional trip. That's when I realised I had a problem. So I left England and came to Australia wanting to completely change my life, which I did.

I lived a very healthy lifestyle. I married, and was a faithful wife and a great mum for 17 years. I raised my 4 children, devoting my life to the family. I won awards for my studies, as I worked through my university education and I then went on to have a successful career. I was super confident and had it all together. What a wonderful fucking life.

Fourteen years ago, I had a car accident which changed my whole personality, and I became over anxious, making stupid and impulsive decisions. I began drinking again and within a year I was drinking every day from when I woke in the morning. I started having casual sex, taking speed, trips, eckies and using weed. I always said I would never use opiates, but once I did I knew it was my drug of choice.

It took two weeks for me to become fully addicted. I was still working at this point but the people I was working with noticed I was loaded. I realised work was getting in the way of my using so I quit work and made using my full time job. I threw away my husband, my kids, and my career. I rented out rooms in my house to other users, doing a bit of wheeling and dealing to finance my habit. My children disowned me. I always had a partner who would source drugs for me so in that way I avoided a

lot of unpleasant situations. My partner started to totally lose it and I told him to fuck off.

We reached out to QuINN where we had always felt comfortable, and my partner then went off to rehab. On my own then, I had to source my own drugs and my using skyrocketed, it tripled. That's when I became complacent and exposed myself to Hep C. I was using Fentanyl and my peers were dropping in my home, with numerous callouts for the ambos to come and revive them. I was putting myself in very unsafe situations, had left my home, and I was sleeping on couches and not changing my clothes. I also knew that it was only a matter of time when I would get done by the cops.

I decided to go back to QuINN and began counselling. I knew I needed some distance from the scene to help me to stop using, so I planned my getaway. I booked myself on the train, was there 40 minutes prior to departure and had put my bags on board, when I slipped away to score. I got back 30 seconds late as the train started to pull away, running as fast as I could I chased it down the platform just like in the movies trying to jump on. The station staff had to hold me back and said that they'd sort it for me; so my bags left without me, and I was booked on a train for two days later.

That day I went to score before getting on the train again, and ran out of time to get my car home so I left my car at the dealers' house, who promised to get it back to me, but that's where it stayed.

Things have changed for me. That was 6 months ago now, I've been working really hard on myself and I haven't done it alone. I got my car back. I got my home back. I got my kids back. I haven't got my career back yet, there's plenty of time for that. I'm working on my life and my future looks fucking wonderful.

# Welcome to QuIHN Cairns

Dear Tracks Readers,

QuIHN Cairns is now sitting pretty in a classic white Queenslander with a view of the mountains on one side and a rainforest reserve on the other. How lucky are we?

We celebrated the re-opening with our 3rd annual 'Hep Day Out', supported by many of our clients and local services, with Hep quizzes, extremely vivid red t-shirts promoting testing and we had onsite screening for STI's and BBV's.

Popular artist Nicky Newley-Guivarra from Hep QLD was here on the day and was interviewed in a live broadcast on our local murri radio

Bumma Bippera, talking up hepatitis and safer injecting.

We now have a big white and blue QuIHN sign out the front to let the world know that we are here to stay. A massive carpet snake (they eat Wallabies in these parts) was spotted in our driveway just before we moved in and we think it might be our mysterious other housemate who lives up in the attic occasionally spooking us with bumpety bump noises on our morning arrival!

Our move was a couple of months ago now and since then we have welcomed many new clients. Our regulars and peer educators have found our new digs much more comfortable than the tiny hidden

little alcove we previously occupied. We're all settling in brilliantly and we are soo excited to have grown our service to include our new fantastic staff members, Matt and Vanessa, who have been setting a high standard in service with our new Treatment/Counselling Program.

It was almost 5 years ago when Julie and I started delivering Mix Up (now QuICS), Community Education, Health Promotion events, and Drop in Mondays in Cairns and plans are underway for us to travel to far away lands such as Townsville and Mt Isa, and maybe into the Cape. FNQ is a really big place!

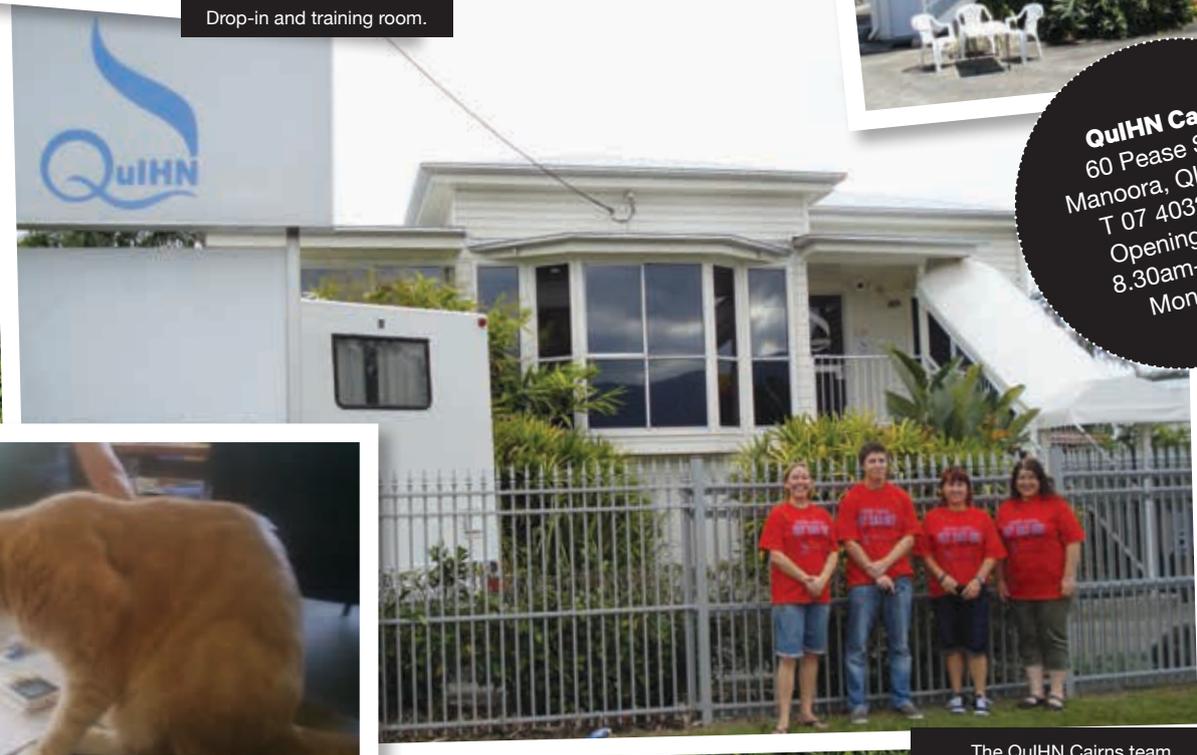
See ya in the Tropics.  
Alanna



Drop-in and training room.



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Mon to Fri



The QuIHN Cairns team.



A regular visitor.

**THE REVOLUTION IS COMING**



# INTRODUCING SIMON CLOUGH

## How long have you been working with Queensland Injectors Health Network (QulHN)?

I have been lucky enough to be at QulHN for about six months now!

## What do you enjoy most about working at QulHN?

I like the variety, every day is different. I also value working at QulHN as I have a lot of freedom to come up with new ideas, campaigns, strategies and ways of doing things to constantly improve on the work we are doing.

## Where did you work before you started working for QulHN and what was your role?

I have been working in the health sector in Brisbane for the last 8 years. In my role before QulHN, I worked in mental health for three years. I worked at a place called Stepping Stone Club House. It's an awesome place, it's a very empowering model to work within, I was lucky enough to see a lot of people make amazing journeys of recovery and to share in this process with them was really cool!

Stepping Stone was based on a highly consumer informed and driven model. I had three service users on my interview panel who decided if I would get employed by them or not. This experience really informs my beliefs around how a service should run, and I'm stoked to bring this perspective to my work in the Brisbane NSP.

## Can you describe some of your most important career accomplishments?

Wow that's a huge question, here are some of many! I guess being on the Roma House establishment team. Co-presenting with service users on education and employment, at the 2012 Australasian Clubhouse Conference. It was a huge audience including the Indonesian Minister for Health, Clubhouse staff and service users, from over 15 countries.

Getting to meet so many awesome people over my carrier, and have then trust me enough to share their stories with me.

## What super hero would you be and why?

Oh so hard to answer! I liked comics a lot when I was younger and still read some now; Deadpool, Lobo, Conan, and Punisher are all pretty cool. If I could have super powers a healing factor like Wolverine would be great! I'm always hurting myself doing the sports I love so it would really help out!

## What motivates you to work in the field of Drug and Alcohol?

It's interesting, there is always something new to learn. The people you get to work with are interesting and have amazing life stories for the most part. Having worked in mental health and homelessness for a long time, drug and alcohol are often part of the picture.

## What do you like to do outside of work?

I spend a lot of time with my wife and my cat and when I'm not doing that I'm coaching/training martial arts or learning to ride mountain bike in the forest or BMX.

## What is one misconception people have about you?

That because I fight in a cage for money occasionally, people think I'm a tough fighter guy/person. But that couldn't be further from the truth.

## If you could wave a magic wand, what ill in the world would you solve and why?

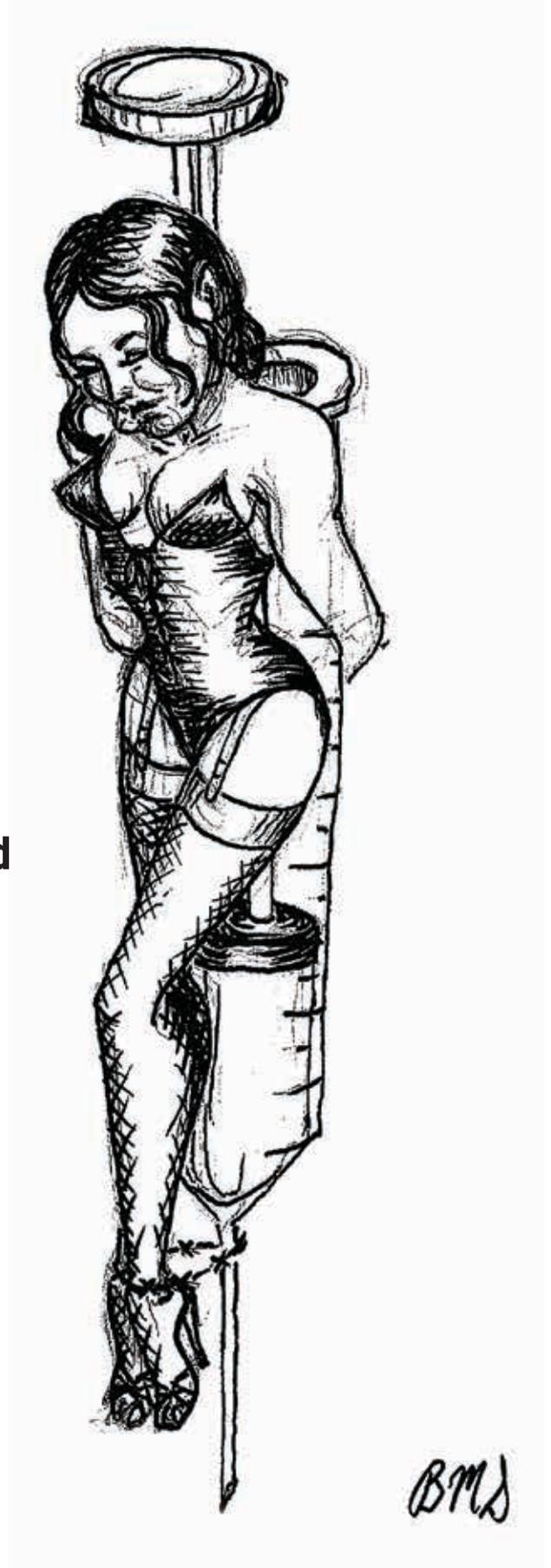
I would be interested in resolving the issues with the environment over social stuff. If I could wave a wand and find some clean energy solutions, and deal with the current levels of environmental damage in one stroke, I would be euphoric!

## What do you think about when you are alone in the car/bike?

Hahahahah! Work too often! Nah, all sorts of things on the bike I'm absorbed in the smells of the forest and pushing my limits. In the car I always listen to music, or audio books or TED talks.

## HERITAGE TO MY SON

**I leave this heritage to my Son  
Do not do what I have done  
Do not seek lest yea should find  
Have respect for body & mind  
But if you are your Mothers Child  
And your path lies hard & wild  
Live it well & when its done  
I'll be here for you my Son.**



# GET INVOLVED

## HOW TO GET INVOLVED AT QulHN

At QulHN we are always looking at different opportunities for our service users to get involved in our organisation and have a say in the way QulHN works; what we do, and how we do it. Here are some ways you might like to get involved.

### BRISBANE

At our Brisbane NSP we have a 'Wall of Wisdom'. Each week we ask a question and put it on the Wall and our service users are able to answer the question by writing on the wall also. This is a good way for people who use drugs to offer their knowledge and skills to others and it also helps QulHN staff learn more about you. If you are in Brisbane- come along and write on our wall!

### GOLD COAST

Gold Coast QulHN is starting a regular 'Focus Group' to find out what people want. If you visit our Gold Coast office, you are welcome to come along to one of our Focus Groups and join in our

discussions about what you like about QulHN, what could be improved, and any ideas you might have.

### SUNSHINE COAST

Sunshine Coast QulHN also wants to know what people think of the service and how we can work better for you. Early next year we will be holding 'Bruch by the Beach'. Again this will be for people to come along and discuss QulHN- what works for you, what we can improve on, and of course have something yummy to eat too.

### TRACKS MAGAZINE

Of course, Tracks Magazine is always looking for contributions. If you have a story to tell, some art work, or anything of interest, you might want to consider sending it our Tracks Committee for consideration in our next Tracks issue.

### QulHN WANTS TO INVOLVE YOU

All of these activities are aiming to find out what people, who use QulHN services, want and how we as a service can more effectively engage YOU.

If you would like more information on any of the above, please contact Niki (QulHN's Consumer Engagement Officer) on 07 3620 8111.

## QulHN Brisbane Acupuncture Service

Did you know that our resident acupuncturist is at the QulHN Brisbane office every Monday and Wednesday?

Acupuncture treatments are totally painless, take around 30 minutes and have been proven to be of great help with the following:

- Stress
- Anxiety
- Depression
- Muscular-skeletal problems
- Men's and women's health

QulHN's acupuncture practitioner is degree qualified and has had training in both China and Australia.

If you'd like to make an appointment for acupuncture please contact QulHN Brisbane Reception on **07 3620 8111** for all bookings.



# UNDERCOVER MOTHER

**My name's Tegan and I'm going undercover to find out what really goes on with sharing of fits behind steel bars!**

### **I've had a chat with one of our guys who has given us the run down on what goes on...**

"Cut down' fits are the most common in jail. I shared a fit with a mate. I kept it on the down low from the other blokes.

"Fits are like gold in there! They can sell for about \$100 a cut down. My missus would bring me up gear and a freshie each week and I'd give my old fit to someone else. I tried to be as careful as ya can be I guess. I'd wash it out with cold water and bleach that I'd pinch from the kitchen".

"People will attempt to make home made fits out of biros, bike pumps, thongs, anything really. I've never seen any that actually worked and I never used a home made one but I guess if there's a will there's a way."

"Abscesses are pretty common in jail. A lot of infections from using dirties and gear that's been in someone's ass or mouth, haha. I've had a few mates go to hospital, one lost his eye from a dirty. I caught Hepatitis when I was about 18. I think that was from sharing in the nick. But I'm 58 now so none of us knew about all that, even when we did, we all still shared anyway. There's more gear in jail than out here, haha. Few of my mates would go in just to make some coin. 1-2 mg of subby I heard goes for around \$100."

"When I was there I'd use smack I hear these days its a lot harder to get in, the dogs are pretty onto it. Subby is a lot easier to get in these days, dogs cant smell it and there's all kinds of ways to get it in. Back in the day we use to load up a tennis ball and throw it over the fence, haha. I don't reckon that would work now".

### **What do you think about needle and syringe programs in prison?**

"Yeah for sure! The government put these blinkers on that there aren't drugs and fits in jail. A lot of what goes on in there doesn't get spoken about out here in the media. Some blokes will share fits with the whole unit. Ya can sharpen 'em up on matchboxes, glass, what ever really. I've seen kids come in that haven't used fits before and start using 'em when they get there. Gooses they are. People overdose in there a fair bit, there are fights over gear on the regular. The government's gotta wake up to 'emselves! And all this crap about 'using dirty's as weapons against the guards' is a load of shit! We've got fits in there now! Haha."

"There needs to be a subby program in the men's prison and a place where we can boot up and get rid of the fits there and then. You guys should run it or something that would be mad! When I was there I saw about 15 people with HIV and most of 'em got it from sharing in the nick. It's meant to be 'confidential' but ya hear about it anyway."

### **Did you get blood tested for Hepatitis and HIV while you were in prison?**

"I can remember getting blood tests when I went into jail, I cant remember what for. It wasn't mandatory but I was never tested when I was being released."

### **Now you know about the risks of sharing needles in prison, if you were to go back inside would you share again?**

"Hopefully I never see that putrid joint again but yeah probably if it came down to it. Depends how long I was doing I guess. I'd bank a cut down and some gear that's for sure! Fuck going through jail being straight. The place is painful - same shit different day. The daily convo's involve who's getting a visit, who's got gear, phone calls to ya missus getting her to send some coin in cus ya ticked up. It's a painful place. Not so bad when you're a young fella but when you get to my age you start to have a look around, the same people are there for the same crime for the same reasons...drugs."

### **How many people do you think would have injected in prison?**

"If you can get your hands on gear and a fit you'll use it. Probably around half I reckon. If you come in with a drug problem it doesn't stop once you get there. The reason we end up in there is for doing stupid shit - to get money for gear and I guess we continue to do it when we get there."

So there you have it, straight from the inside. The guru's tell us that..

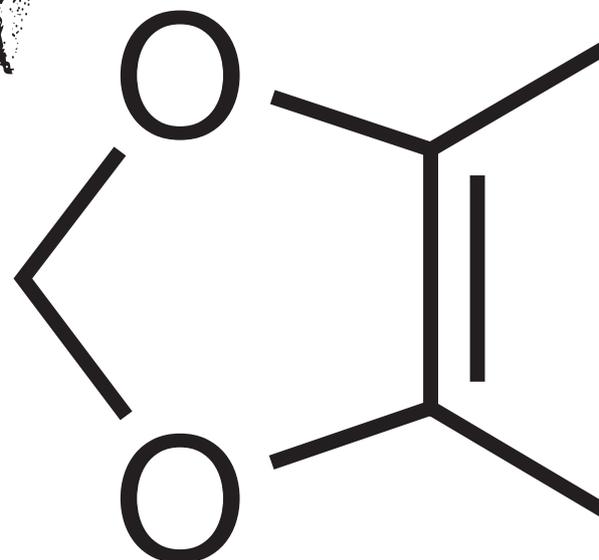
'Up to 25% of people in prison continue to use heroin (N.S.W. Prison Health Survey) and up to 40% use some illegal drug. Dr Kate Dolan found up to 10% of intravenous drug users in prison used a needle for the first time in prison and 75% of drug users share needles in prison'(Dr. Wendell J. Rosevear).

'Approximately 93% of the prison population are male, but the hepatitis C prevalence in female prisoners is between 50 and 70%. The significantly higher prevalence of hepatitis C amongst female inmates appears to reflect the fact that females are more likely to be convicted of drug related crimes. Overall, the hepatitis C prevalence in custodial settings is much higher than the prevalence of approximately one percent in the general population'.

So lets get this straight...From what we have heard, there are drugs in prison, people are re-using needles and contracting and transmitting hepatitis & HIV.

And we still don't have NSP's in QLD prisons? Sounds a bit bent to me.

# NEW and EMERGING DRUGS



## ISSUES OF SUBSTANCE

You might have seen some articles on new designer drugs or analog substances in the news recently. Over 73 new drug substances were detected in Europe last year. There have been some deaths in Australia amongst people using these drugs, and the media and government have been in a bit of frenzy over it.

In this series of articles we will provide some information on some emerging substances that have become available in the last few years. These substances are different from traditional drugs that people are familiar with, and can act on the body's systems in ways that are unexpected.

Methylenedioxypropylvalerone, or MDPV is a crystalline powder that tends to clump to itself. It looks like powdered sugar. It's color can range from pure white to a yellowish tan and has a slight smell that strengthens

as it colors. MDPV can be injected, smoked, snorted, and swallowed.

In Western Australia, MDPV has been banned under the *Poisons Act from February 11, 2012*. Anyone caught selling or supplying MDPV faces a maximum \$100,000 fine or 25 years in jail. Users face a \$2000 fine or two years in jail. As of April 2013, QLD has similar tough new drug laws relating to the supply and possession of MDPV and other research chemicals.

The primary effects of MDPV last roughly 3 to 4 hours. After effects, such as increased heart rate, high blood pressure, and mild stimulation lasting from 6 to 8 hours. Used by some people, some for its powers as an aphrodisiac, it has also been noted for strong cravings to keep taking more.

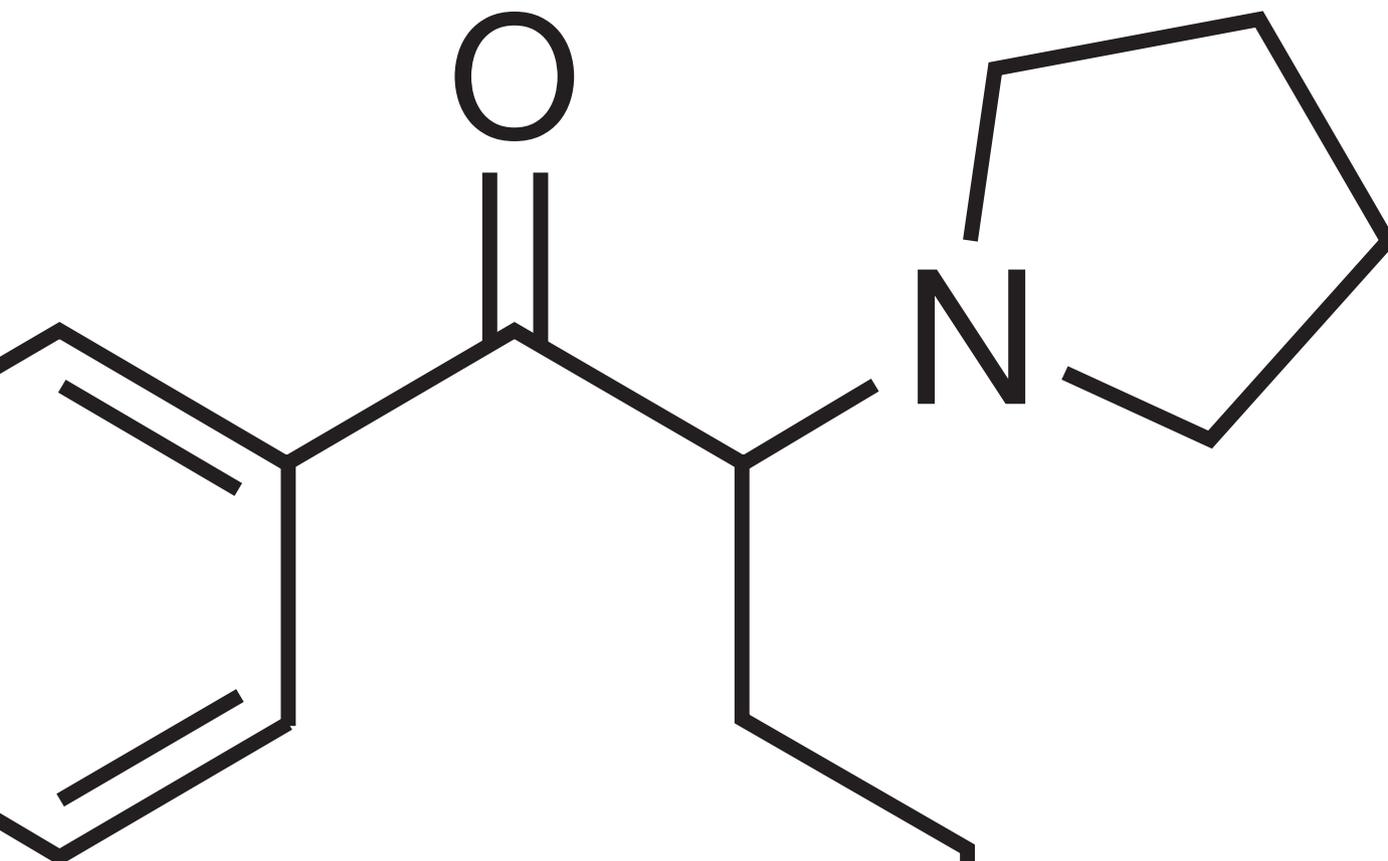
Like Methamphetamine, MDPV works by stalling the uptake of dopamine in the brain, it also has effects on Noradrenaline and Serotonin. MDPV is related to the stimulant drug Khat, which is used like Cocaine in north-eastern Africa.

In research at Scripps institute under Dr. Taffe, investigators found that lab rats would intravenously self-administer MDPV and behave in a similar way to when the rats were on Methamphetamine. In a paper for Drug and Alcohol Dependence, the Taffe Lab concluded that "the potential for compulsive use of MDPV in humans is likely quite high."

The researchers saw the same types of repetitive activities seen in animals on Methamphetamine, such as excessive grooming, tooth grinding, and skin picking. MDPV, had "greater reward value"

### Desired effects:

- Euphoria
- Increased alertness and awareness
- Increased wakefulness
- Increased energy
- Increased concentration
- Increased sociability
- Aphrodisiac effects
- Increased empathy
- Don't feel the need for food and sleep



## DO NOT INGEST!!

*"I had the misfortune to run across a gram or so of this godforsaken substance last weekend, and here, a good 6 days later, I still feel like complete dogshit."*

*"I got a free 50mg sample from a new vendor, and since I didn't have a scale, ended up eyeballing doses. I started out with a small insufflated dose, and then when that didn't do much I bumped it up to a ~10mg IV dose which felt really damn nice. After that it was on. I ended up going through the entire 50mg sample in 6 hours, all IV except for the first 3mg bump. This shit is the crack of the "RC" (Research Chemical) world."*

*"I didn't crash that bad, got to sleep around 2am and woke up feeling refreshed with no side effects the next morning. Guess some people are just lucky."*

*"Never, in all my days of indiscriminately cramming chemicals down my gullet have I paid such a horrible price for so little joy."*

than Methamphetamine, this is saying something, given the well-publicized addictiveness of Amphetamine. When the research team raised the number of lever presses needed for another hit of MDPV or METH, "we observed that rats made about 60 presses on average for a dose of meth but up to about 600 for MDPV—some rats would even make 3,000 lever presses for a single hit of MDPV," said Aarde in a press release. "If you consider these lever presses a measure of how much a rat will work to get a drug, then these rats worked more than 10 times harder to get MDPV."

In my research I found a really mixed bag of reviews about MDVP a lot of people really hated it and would never use it again, and some people love it. Here are some typical user reviews of MDVP taken from internet forums, Bluelight and Erowid.

*At QuIHN we are really interested in any stories or experiences people have had with "RC's". If you would like to see an article about a particular substance or share an experience please contact us.*

# HOORAY! QUEENSLAND IS GETTING NALOXONE



## What is Naloxone?

Naloxone is sometimes called Narcan, and is often used by ambulance officers. Naloxone is an easy-to-use, life-saving medication that can reverse the effects of overdose from Heroin or other opioids, including Morphine, Methadone, and Codeine.

Naloxone is a very safe medicine and has minimal side effects – other than reversing the effects of overdose and you cannot get dependent on it. The medication works within two to eight minutes to restore breathing – and returns the victim to consciousness. Naloxone only works for opiate overdoses and will not work in the case of a stimulant or Amphetamine overdose or Benzodiazepine overdose.

## Why use Naloxone?

At least 3 Australians die every day from overdoses. Overdose is still the leading cause of death among Heroin users in Australia and yet most of these deaths could have been prevented.

An opioid overdose is very serious. It may cause death or severe brain, heart or lung damage. However, drug users or others, at the scene of an overdose, are often very reluctant to call for emergency assistance because they fear police will accompany the ambulance. For these reasons, it is critically important to ensure Naloxone is available at the scene of an overdose.

## Why give Naloxone to drug users?

Anyone can administer Naloxone intramuscularly (into the arm or leg, with a syringe), or intranasally (spraying with an atomizer up the nose) with brief and basic training. It is similar to using an epi-pen for an allergic reaction. Equipping drug users with naloxone and training them to use it can ensure that overdose victims get the help they need; at the moment they need it.

## Peer administered Naloxone

QuiHN and QuiVAA believe that this life saving medicine should be in the hands of people who need it most – people who inject heroin and people who use opioids. We also think it should be accessible to other groups, for example the families and friends of people who use drugs and the staff who work closely with our community. Peer administration of Naloxone has the potential to reduce the number of fatal Heroin

overdoses. Australian and international experts have recommended that Naloxone be provided to people who use Heroin for use by their peers and friends in an overdose situation. When administered by trained drug users, Naloxone has been shown to be extremely safe. A number of successful peer distribution programs are already operating successfully overseas.

## So what's happening in Australia and QLD?

Australia's first official peer administered Naloxone trial was launched in the Australian Capital Territory in 2011 and it has been running successfully since then.

Other states also have started Naloxone trials or projects, some are peer based (run by drug users) and others are run through services like NSP's.

In Queensland, we are currently in the process of developing a Naloxone Program. This program will initially operate from the Biala NSP in Brisbane. QuiHN are helping Biala to develop and run the Naloxone training for drug users, and hopefully by the end of year drug users will be able to take part in the Naloxone training and take Naloxone home to use in case of an overdose.

The plan is that after the first Naloxone program through Biala is underway, it will be rolled out to other areas across QLD, potentially including QuiHN sites.

This is very exciting news for all people who use opiates in QLD and something to look forward to!

**If you would like to know more about Naloxone & the Biala Naloxone program – please ask to speak with Niki at QuiHN on 1800 172 076.**

# TRIPPIN' BALLZ

## FROM HERE TO KINGDOM COME

### AN EPISODE WHICH CAME AFTER ADMINISTERING A VERY STRONG LSD TILE DIRECTLY INTO THE BLOOD STREAM. IN THE YEAR 1996.

It was a Friday arvo around 4.30pm and I had just got home after magically stumbling upon two available LSD tiles from the UK. These were the real deal imports. They were double dipped computer graphics. Or that's what they said – whoever the fuck I got them off. Honestly, looking back, I think I just ran into some random tripper dude that just sold me they keys to walk through the doors of perception. Two keys, 40 bucks. It just so happened it was a day after pay day. So I actually had the dosh to purchase.

So now I'm home and my vision impaired flat mate had gone to the Sunny Coast to stay with friends for the weekend. So I had the house to myself. I'm getting home and a mate just rocked up. He was younger than me by 4 years. But that didn't stop us from having good times together.

We both went up the spiral staircase to the back door of my unit number 3. Yes, it is a magic number. I unlocked the door and we both went inside. I got to the lounge room and told my mate how I just stumbled upon two trips. I asked him if he wanted to join me in a magical mystery tour for 25 bucks. He said yeah and pulled his money out straight away. So the biz was done. I gave him a tile which he put in his mouth and started to chew.

I pretended to do the same but snuck off to my room where I had a spoon, some water and a clean fit. I put the tile in a spoon and sucked up two full fits of water and sprayed it on the tile. I started to massage the tile. I kept doing this because I wanted the acid to really absorb. I sucked up 80 units into the fit and then proceeded with my direct injection. I felt an instant euphoric sensation as soon as it hit my vein. I jacked back and it was in. So then I drove it home. I was lucky I was sitting down. My mind went instantly trippin' ballz. My brain felt like it was a million humming birds

all humming to universal cosmic hum. Now for some reason, in this state, I thought, quick I must finish this spoon and sucked up another 60 units.

Now, I don't know how many of you out there have shot up while you are trippin' but I can assure you it is definitely a very mean feat. Everything becomes surreal. It is like reality turns into a cartoon. I don't know how the fuck I managed to, but I did it quick smart once again double tripping. Another million humming birds humming double time.

This is a trip I would not advise to anyone because it has left me with a lifetime of schizophrenia, an illness I would not wish upon my worst enemy. I have been on anti-psychotic medication ever since. And I can tell first hand, it's not very nice. I have suffered many symptoms from the medication as well as my mental illness. Each time I become psychotic it is generally a step backwards amongst my social circles and it is not very nice.

With some of my friends it has brought us a lot closer. I choose not to condemn drug use and I also choose not to condone drug use. I also choose not to judge anyone who uses drugs, but I do choose to have an acceptance factor. I accept that mankind has been taking drugs ever since man became man. And I think it is something that will last an eternity. If you choose to take drugs, choose to minimalise harm for everyone's sake.

Thanks  
Andrew



# Steroids... Roids...Juice

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Bodybuilding is much like any other sport. To be successful, you must dedicate yourself 100% to your training, diet and mental approach...(and steroids). I added that part. Hehe Arnold Schwarzenegger!

The use of steroids and other image enhancing drugs has been on the rise in Queensland over the last few years. More and more people are accessing Needle and Syringe Programs in order to obtain "Steroid Kits". When I talk with people who inject steroids, I often hear about all the positive benefits that they experience including increased muscle mass, speedy tissue repair, greater endurance and fat loss. Some people who use steroids will find that they experience greatly exaggerated benefits from their workouts and can quickly increase the size of their biceps by inches.

Now I don't mean to sound like a party pooper here but, believe it or not, there can be some potential down sides to using these drugs. These can include mood swings, acne, low immunity, muscle pain, shrinking of the testicles in men or enlargement of the clitoris in women. It is recommended that if you do choose to give steroids a go, then it is a good idea to research the topic so that you are well informed about the positive and the negative aspects. Remember...knowledge is power.

I don't think it's a secret that the use of steroids and other related substances are a real growth area (pardon the pun) in many parts of Australia. With increase in the use of injectable substances comes the need for more education about possible harms for these kinds of injections. Some things to watch out for when injecting any substance including steroids, pep-tides and Human

Growth Hormone (HGH) include:

- **Blood Borne Virus (BBV) Transmission**
- **Blood-borne means able to be spread in the blood. Several types of Hepatitis are caused by blood-borne viruses such as Hepatitis B, Hepatitis C as well as HIV. This means that you can be exposed to these viruses (and the infections they cause) if you come into direct contact with infected blood.**

The transmission of BBV (e.g. HIV, Hepatitis C and Hepatitis B) while doing any kind of injection, is something that should be considered for your health because blood is involved in intramuscular and subcutaneous injections. Often these viruses can have no or minimal symptoms making it impossible to tell when you have been infected without getting blood tests.

Some methods of administering substances have higher risks of transmission than others. One thing that increases the risk is to have someone else do your injection. For a blood-borne virus to transmit it needs to exit an infected person's body, survive during the in-between time and then enter another person's body. A piece of injecting equipment (including barrels, vials, bladders, towels) with only tiny amounts of blood on it can act as a method of transmission if that blood then enters another person's body. This includes accidental pricks. Even unnoticeable traces of blood with a high viral load on a table for instance, could end up on a new needle placed on the unwashed table.

The way to greatly reduce or eliminate the risk is to learn how to inject yourself and thoroughly clean everything your equipment is going to touch, including hands and sites.

### HEALTH MONITORING

Monitoring your health with your doctor is very important while taking steroids or other substances which have an artificial effect on your body or alter your natural levels of chemicals or hormones. Not all doctors are willing to talk about non-prescribed usage of these substances but many will monitor you. It's important not only for the duration of a cycle but at the end of a cycle as well. For example, you will need a plan for the end of your cycle in case you get extreme or unwanted side effects.

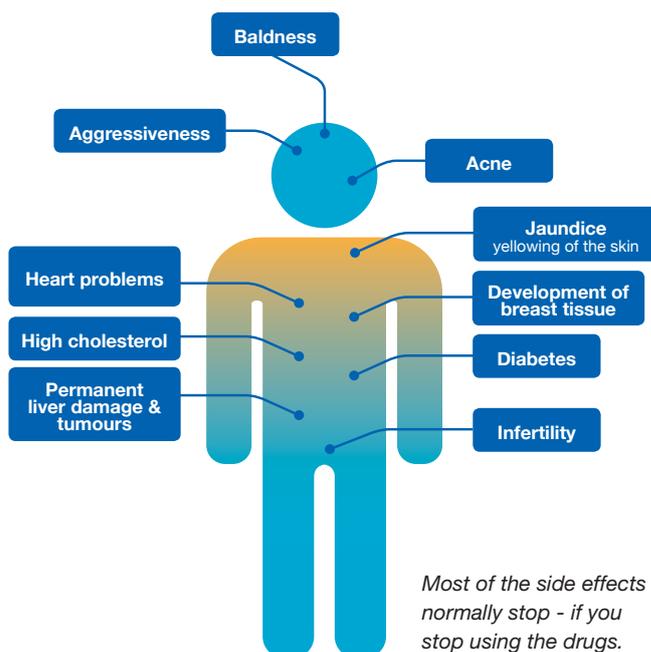
Things to get monitored include liver function, testosterone and cholesterol levels with full blood tests. Keep an eye on blood pressure as well. Also talk about how much, how long, and how many combinations of substances you are using.

### TISSUE DAMAGE

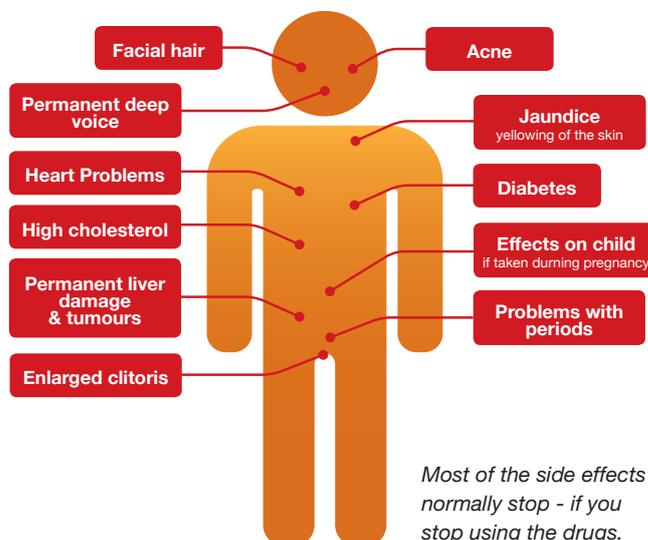
Injecting can lead to tissue damage if the sites aren't regularly rotated. Your subcutaneous tissue and muscle

cells need time to heal. If they don't they will become harder over time and struggle to absorb the substances. Rotating is just a matter of moving the injection away from the past site (even by an inch) or changing muscles or areas altogether. If you were injecting steroids intramuscularly into your bum and thighs, there are four potential injection areas and each one of those areas have plenty of room to move the injections around. If using your stomach for subcutaneous injections, move the site across the stomach to give your body a chance to repair itself.

### SIDE EFFECTS FOR MEN



### SIDE EFFECTS FOR WOMEN



## BACTERIAL INFECTIONS

A bacterial infection is any type of infection that is caused by bacteria (rather than a virus). For example, a contaminated needle can introduce bacteria into the blood causing a bacterial infection.

Infections can be very serious when it comes to injecting. The skin is one of the main protective barriers we have from the bacteria and microbes all around us getting inside and causing damage. Injecting penetrates that barrier, creating a potential entrance for the tiny microbes. The microbes can come from a variety of sources. One major one is the outside surface of the skin itself. This is why the washing of hands and injection sites is so important. Assuming that you are using sterile injecting equipment straight out of a sealed packet, microbes can still get onto the equipment if you put it down while making final preparations for the injection. This makes it important to clean every surface that may come into contact with the syringe, like a table. Another source of infection can come from the substance itself. Depending on the hygiene standards adopted during the production process or later if and when the substance is cut down with something else.

## STEROID EDUCATION PROJECT

Research widely before you begin a course of steroids and use the Steroid Education Project phone service to get more in depth information. They are setup as a confidential service with a worker who has experience in body building and who also has a good knowledge of best practice in using steroids and related substances. The mobile number for the service is 0417 529 678 and they will call you back if you leave your first name and phone number.

*For more information on minimising the risks with steroid use, call your local QuiHN office, or find more information at [www.quihn.org](http://www.quihn.org) and [www.anex.org.au](http://www.anex.org.au)*

**Run by drug users for drug users!**



Are you on methadone or bupe treatment?

QPAMS is a new service that supports people on pharmacotherapy treatment in the Brisbane area.

A QuIVAA Initiative

# QPAMS

QLD Pharmacotherapy Advocacy  
Mediation and Support Service

## How can QPAMS help?

Do you need information about your methadone or bupe treatment?

Do you need support with any issues relating to your methadone or bupe treatment?

Do you have a complaint or concern in relation to your treatment?

Do you have an issue that relates to your clinic or pharmacy?

Would you like to talk to someone who understands and is on treatment themselves?

**QPAMS is open Monday to Friday from 10.30 to 3.30pm**





# TIPS for staying SAFE these holidays

DO's	DONT's
Measure your drugs carefully. You don't want the main memory of this holiday season to be a visit from the ambulance.	Don't ake all your drugs at once. Remember you can always have more, you can never have less.
Be aware of sad feelings at this time.	If you're feeling sad you might not care how much drugs you're putting in your spoon, your mouth or your lungs.
Look out for your friends. Ask them R U OK? Be an ear for someone who wants to talk.	Don't suggest they take all their drugs at once to make themselves feel better.
Be extra careful when using more than one drug at the same time as this will increase your risk of overdose.	Don't drink all day or night with the family then think a handful of benzos and a shot would be a nice way to round off festivities.
Eat too much of your favourite food and rub up against special someone (if someone special is available).	Don't blow up all your condoms for decorations then have none at hand for sexy time.
Enjoy New Years Eve! It's more fun if you're awake at midnight.	Don't see in the New Year by taking more drugs and alcohol than your body's used to. You can have too much of a good thing.
Always practice safe sex.	Don't think because it's Christmas that Santa Claus can protect you from getting a sexually transmitted infection (STI).
Share your drugs with friends (if you can).	Don't share ANY equipment used for injecting or snorting. This is how blood borne viruses (BBV's) may be passed on.
Be prepared. Make sure you have enough sterile injecting equipment, condoms and lube on hand.	Don't let drugs or alcohol impair your good judgement; when it comes to protecting yourself from STI's and BBV's.
Have lots of fun.	Don't risk your health in the process.



# Your magazine! Your Say!

In the last issue of TRACKS Magazine we included a Feedback Form, and asked readers to tell us what they thought of our magazine.

We received 30 completed forms with some really great suggestions on how we can make our magazine better for you! TRACKS want to thank you for taking the time to tell us what you think!

Your feedback will be used to improve the magazine over the coming issues.

## Here is a summary of the feedback:

### General Info

- 30 people completed the feedback form (21 female and 9 male),
- 3 people identified as Aboriginal or Torres Strait Islander,
- Most respondents were aged 43 to 57,
- 7 people said this was the first TRACKS Magazine they had read.

### Where do you get TRACKS magazine from?

By far, the vast majority of respondent's picked up the magazine from their local NSP, with community health centres and ATODS clinics coming in second.

### What info is the most helpful?

Most respondents thought that ALL the information in TRACKS was helpful. But most people said that the health info was the most helpful, with drug info second and safe injecting info third.

### What is your overall rating of TRACKS?

- 20 people said the magazine was excellent,
- 10 people said the magazine was good.

### How you describe yourself?

Most people who completed the feedback forms were current injecting drug users. Health workers came in second, followed by past injecting drug users.

### After reading this edition of TRACKS I know more about...

- 23 people said they know more about safe drug use after reading TRACKS,
- The remaining people learned about mental health and blood borne viruses.

### What would you like to see more of in TRACKS mag?

The most common theme to come through is that readers wanted more stories and experiences from people who are currently using drugs. Current user stories and more involvement in general from people drug users was the most important:

- "More real life stories- past and present",
- "More user based stories".

Another common suggestion was that readers would like more information about their legal and health rights as well as dealing with the police.



- "Would like to know more about police powers, especially when I am on parole",
- I would like to know about petitions, advocacy issues and better deals for people who use drugs",
- Other suggestions were more info on pharmacotherapy and other support services for drug users,
- "I would like to find out more info about pharmacotherapy in QLD as well as support services, like housing and food vans etc".

### Some other suggestions included:

- New drugs and different trends with drugs and the history of drug use,
- More art, more visual things.

IT DOESN'T MATTER WHAT YOU ARE USING  
AS LONG AS IT IS STERILE

# PREVENT HIV



USE STERILE  
INJECTING EQUIPMENT

DON'T SHARE A BLOODY THING

WASH YOUR HANDS  
BEFORE AND AFTER

INJECT YOURSELF

PRACTISE SAFE SEX



**WORLD AIDS DAY**  
**DECEMBER 1**  
[www.worldaidsday.org.au](http://www.worldaidsday.org.au)

## South-East Queensland & Brisbane needle & syringe program locations

**QuIHN Brisbane (pp)**  
1 Hamilton Street, Bowen Hills QLD 4006  
T 07 3620 8112 / Open Mon to Fri 8.30am - 4.30pm

**QuIHN Cotton Tree (pp)**  
59 Sixth Ave, Cotton Tree QLD 4558  
T 07 5443 9576 / Open Mon to Fri 8.30am - 4.30pm

**QuIHN Gold Coast (pp)**  
Unit 12/89-99 West Burleigh Rd, Burleigh Heads  
T 07 5520 7900 / Open Mon to Fri 9am - 5pm

**Beaudesert Hospital**  
64 Tina St, Beaudesert  
T 07 3837 5614 / Open 24 hours 7 days

**Beenleigh Community Health Centre**  
10-18 Mt Warren Blvd, Mt Warren Park  
T 07 3290 9811 / Open Mon to Fri 8.30am - 4.40pm

**Biala (pp)** 270 Roma St, Brisbane  
T 07 3837 5613 / Open Mon to Fri 9am - 12pm,  
1pm - 4pm

**Brisbane Youth Service**  
14 Church St, Fortitude Valley  
T 07 3252 3750 / Open Mon to Fri 8am - 5pm

**Brown's Plains Community Health**  
McKean St, Caboolture  
T 07 5433 8300

**Caboolture Community Health (pp)**  
McKean St, Caboolture  
T 07 5433 8300 / Open Mon to Fri 8am - 4.30pm  
AH Needle Dispensing Machine

**Caloundra**  
West Terrace, Caloundra  
T 07 5436 8850 / Open Mon to Fri 8am - 4.30pm

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

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

**Dalby / Goondir**  
1 New St, Dalby  
T 07 4662 6199 / Open Mon to Thu  
8.30am - 4.45pm, Fri 8am - 12pm

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

**Dunwich Health Service**  
Marie Rose Centre Cnr Petrie & Oxley Parade,  
Dunwich T 07 3409 9059  
Open 7 days 9am -12pm, 1pm - 4pm

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

**Gold Coast (Southport) (pp)**  
8 High St, Southport  
T 07 5519 8777 / Open Mon to Fri 10am - 4pm

**Gympie Community Health**  
20 Alfred St, Gympie  
T 07 5489 877 / Open Mon to Fri 8.30am - 4pm

**Inala Community Health (pp)**  
64 Wirraway Parade, Inala  
T 07 3275 5300 / Open Mon to Fri 8.30am - 5pm

**Inglewood Hospital**  
Cunningham Highway  
4652 1311 / Open 24 hours 7 days

**Ipswich Sexual Health (pp)**  
Ipswich Health Plaza, 21 Bell St, Ipswich  
T 07 3817 2428  
Open Mon - Wed, Fri 8am-4.30pm, Thu 8am - 5.30pm  
AH Needle Dispensing Machine

**Jandowae Hospital**  
13 Dalby St, Jandowae  
T 07 4668 5356 / Open 24 hours 7 days

**Kilcoy Hospital**  
17 Brown St, Kilcoy  
T 07 5422 4411 / Open 24 hours 7 days

**Kingaroy Community Health**  
166 Youngman St, Kingaroy  
T 07 4162 9220 / Open Mon to Fri 8.30am - 5pm

**Laidley Rural Community Health**  
75 William St, Laidley  
T 07 5466 8110 / Open 24 hours 7 days  
AH Needle Dispensing Machine

**Logan Central Community Health (pp)**  
97-103 Wembley Rd, Woodridge  
T 07 3290 8923 / Open Mon to Fri 8am - 4.30pm

**Maleny Memorial Hospital**  
17 Bean St, Maleny  
T 07 5420 5000 / Open 24 hours 7 days

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

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

**Nambour Hospital (pp)**  
Cnr Mapleton & Hospitals Rd, Nambour  
T 07 5470 6869 / Open 24 hours 7 days

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

**Noosa Community Health (pp)**  
14-16 Bottlebrush Ave, Noosa Heads  
T 07 5449 5944 / Open Mon to Fri 8am - 4.30pm

**North West Community Health**  
49 Corrigan St, Keperra  
T 07 3335 8888 / Open Monday to Fri 8.30am - 5pm

**Nundah Community Health**  
10 Nellie St, Nundah  
T 07 3146 2300 / Open Mon to Fri 8.30am - 5pm

**Proston Outpatients Clinic**  
Brigooda Rd, Proston  
T 07 4168 9288 / Open Mon - Fri 8.30am - 11.30am

**Redcliffe Community Health Centre (pp)**  
Redcliffe Health Campus, 181 Anzac Ave, Kippa-ring  
T 07 3897 6300 / Open Mon to Fri 8am - 4.30pm

**Redlands Community Health**  
Weippin St, Cleveland  
T 07 3488 3200 / Open 24 hours 7 days  
AH Needle Dispensing Machine

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

**Strathpine / Pine Rivers Community Team**  
568 Gympie Rd, Strathpine  
T 07 3817 6333 / Open Mon to Fri 8.30am - 5pm

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

**Texas Multipurpose Health Services**  
Mingoola Rd, Texas  
T 07 4653 1233 / Open Mon to Fri 8.30am - 5pm

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

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

**Wondai Health Service**  
43 Scott Street, Wondai  
T 07 4169 2600 / Open 24 hours 7 days

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

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