

# TRACKS

Illicit drug users  
magazine

Issue 26  
2019

**STRAIGHT**

**OUTTA**

**CORRECTIONS**

*FROM THE INSIDE*

**ISSUE 26**



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 long lost 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) e-list.

# FROM THE EDITORIAL TEAM

## Welcome Tracketeers, THIS ISSUES' EDITORIAL INCLUDES A TRIGGER WARNING.

On the 21st of October 2018 the Australian Prime Minister delivered a national apology to survivors who had been abused as children in "out of home care" establishments. You can find the official apology on page 16.

The apology started a trickle, that's becoming a torrent, of survivors wanting redress. Hence this issue shines a light on the federal government's 'redress scheme'. The National Redress Scheme service is there to help and can support you before, during and after you apply for redress, they can provide practical and emotional support, legal advice and financial counselling. Below is the website that can show you how to access the redress scheme should you want/need/choose to do so. <https://www.nationalredress.gov.au/support>

There are some interesting and exciting updates from the inside, regarding the continuation of Hepatitis C treatment for those who get arrested or released at any stage of their treatment plan, and for those who are considering treatment, who are at risk of incarceration. In our interview with QulHN Pioneer Dorrit she explains the new ground-breaking 'Hep C prison project', plus her role in its operation.

Among TRACKS's usual line up of poems and stories you'll find popular contributor, come TRACKS committee member 'Wombat', we get to hear more from him through a conversation titled "There are no drugs in jail. Right? Explore your feelings inside the 'anger iceberg', and the 'window of tolerance'. Understand yourself, I dare you. If you feel the need to express your emotions please do, in the form of pictures or words. Then send them to someone who'll do them justice, US, to be reproduced for our little mag that could, TRACKS; enjoy.

### TRIGGER WARNING

This issue 26, from the inside could potentially trigger physiological and psychological symptoms; particularly for those who endure Post Traumatic Stress Disorder (PTSD), or other anxiety disorders, and for readers who may have shared some of the same experiences as the writer. The purpose of this trigger warning is to reduce harm to readers. By preparing readers for possibly unsettling content, we give them/you the choice to continue or to cease reading.



### ANKLE BRACELET FASHION TIPS

Yes, I love Vampire Diaries and Twilight and everything associated with vampires!

# TRACKS

Illicit drug users magazine

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## QuiHN'S VISION

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

## QuiHN'S PURPOSE

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

## GOALS

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

## SERVICES

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

## WE WANT YOUR FEEDBACK

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

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

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

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# JOSH W

**I've contracted Hep C**

**How did it come to be?**

**Because my life was lived unmanageably**

**and for others healthcare free**

**We shared a syringe**

**Lived life on the fringe**

**It didn't matter how many had used it while on a self-mutilating binge**

**So why should I care for others not to share**

**what it is that I use, for others to abuse**

**Into their blood it does infuse**

**So, they can live life in good spirit to treat it**

**Others spread the word of good health for loved one's protection,**

**to know of its danger and hear it.**

# FROM THE INSIDE

## BACK IN THE 90'S, IT WAS VERY DIFFERENT WORKING IN AN INSTITUTION THAN IT IS TODAY.

### I WENT TO WORK FOR AN ORGANIZATION THAT DEALT WITH YOUNG MALE OFFENDERS, AGED 10 YEARS AND UP TO 18 YEARS. THE OFFENCES RANGED FROM PETTY THEFT UP TO SEXUAL OFFENDERS.

It was a strict environment: staff would be around the clock supervisory positions, 8-hour shifts. One of the things that amazed me was the fact that back then you didn't need to have any qualifications to apply for these positions. I was the only person there that had any qualifications, Advanced Diploma in Applied Sciences (Community Work), Cert 4 Youth Work. It became clear to me that others needed some training in the basics of youth work. I began workshops on how to respond to situations and how to defuse other situations, workers found this helpful and some of these responses were implemented at the Institution. The young males were given a handout of tobacco every day at breakfast, a small amount that had to last till the next day. This only enforced trading between the young people, some of which included sexual favours among the older boys. It was not unusual to find them in a compromising situation.

We would go on outings once a week, so I would take them fishing, or walks up the riverbank to explore different plants and encourage questions on any subject while we were out of the grounds.

On one occasion I was working with a young man in the kitchen and he lost his temper as I'd asked him to be more careful putting dishes away, he picked up a knife and stabbed me in the belly. I was taken to the hospital and received 5 stitches. The incident was not reported, and he was sent to his room for the next week, having meals etc taken to him, I found this unbelievable but still had no satisfaction from the boss, his explanation, it would only land the young man in bigger trouble???? On another occasion a young male was restricted to his room for running naked through the hallway, he then proceeded to slap faeces all over the walls and windows, he was left in there for 2 days. One day a young male of 10 years was placed because he had a drug dependence issue, the male that ran the place said

**"ON ONE OCCASION I WAS  
WORKING WITH A YOUNG MAN IN  
THE KITCHEN AND HE LOST HIS  
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MORE CAREFUL PUTTING DISHES  
AWAY, HE PICKED UP A KNIFE AND  
STABBED ME IN THE BELLY"**

the boy was to get 10 smokes a day, I refused to give cigarettes to an underage child, and he told me that it was my job to do as I was told. I still refused to do so, so he gave the job to someone that would comply.

As my time went on, I discovered some rather unhealthy behaviours by the youth and the workers, these include workers teasing and hitting the young people. The young people responding by deceit and bullying of each other and staff. The workers would put the torch on while the young people were sleeping to do bed checks, I informed them this was intrusive and didn't need to be done, as it aggravated the young person, if they shone the torch on the young person's feet their head would surely be there. The male person that ran the place was extremely nasty to one boy in particular, he would beat the boy for not following rules or talking back to workers, this happened regularly. When I complained I was told to shut up or lose my job, I chose to stay to assist in change where I could. Some of the things I witnessed at this place I'm unable to disclose as I am still involved in the prosecution of some staff members. I would like to say that I learned a lot from those situations and carry them with me today. I do not work with youth anymore; I had a rather bad break down and it took some time for me to return to work. I'm glad that people wanting to work in these institutions are now required to have qualifications and a Blue Card to work with young people. Although there have been a lot of changes over the last almost 20 years, there are still areas that need improvement. I have bumped into a couple of the young men I knew from that place and they are now happy healthy grown men.



# WALK A MILE WITH DORRIT

**As the tide of the drug war struggles to turn in Australia QuiHN purposefully approaches prisons across Queensland, and they are armed with more than just our usual information and education material, tenacity and chocolate.**

**Thank you Dorrit, for agreeing to be interviewed for TRACKS. The rules are the same for everyone, answer what you will, and leave what you must (although unanswered questions will naturally raise suspicion)**

**Let me start by asking how you became one with the cool kids of QuiHN?**

Thank you for inviting me to this interview. Like many other cool kids of QuiHN – I started as a volunteer in Harm Reduction/NSP at Burleigh Heads. I heard the Harm Reduction Coordinator do a talk about QuiHN and their services at TAFE and was very amazed about what they did – so I thought it would be a cool place to get to know better. From being a volunteer, I went on to work as a casual Harm Reduction Worker and later permanent part-time HRW.

**You were successful in securing the job as prison hepatitis C support person. Please explain exactly what that means, how does it work?**

Well that is a good question, my job position actually says Prison Transition Worker – so when the position was advertised they looked for a person that could connect clients that are Hep C positive, currently on treatment, or want to start treatment to be connected to a Hep C community support service after release from prison. Or if a client in the community on Hep C treatment is incarcerated - make sure they are followed up inside the prisons.

So – because this is a new position, as it has never been done before, I pretty much had to develop the role from scratch. First Google search: how to get into prisons? While waiting for my approval through the correctional system, I did a lot of promotion for my role to other services so we can work together in offering support to clients on Hep C in the community. I work out of West Morton Prison health system, which includes: Borallon Training Correctional Centre, BCC, Wolston and Brisbane Women's Correctional Centre. Basically, it works like I get a referral from either: Prisons, self-referral from clients, AODS, Mara program, CREST etc. I process the referral, link the clients into treatment services and with the support that suits the clients best.

**If QLD prisons are without needle and syringe programs which are necessary for infection control, infection rates of hepatitis c in custody will continue to rise. BUT if every case of hep c in custody were eliminated through treatment it would be impossible for any inmate to transmit or contract a virus they don't have, right?**

Yes – absolutely correct. If everyone were treated and we had NSP in prisons we could eliminate Hep C in custody. But that is not the case. We don't have NSP in prisons in Australia – because there are no drugs in prisons?!?

Resources for treating Hep C in prisons are limited – not enough staff, limited space for treatment, overcrowded prisons and a lot of movement of prisoners within different correctional centres.

**If someone wants a hep C screen but is at risk of incarceration what process can they follow for you to be included in their treatment plan?**

If there is a risk of incarceration while on treatment, let your prescriber know that and work out a plan of what to do if it happens. If clients have given consent for me to contact the prison, I can follow up with the prison health system to make sure they are continuing treatment inside.

**What if they get pinched halfway through their treatment? What do they do then?**

Tell the officers you are on treatment and it is important that you stay on treatment until it finishes. Different places have different procedures to help getting their medication. But they will try to follow up with treatment. The prisons health centres will continue treatment and follow up with blood results.

**Treatment in correctional facilities is a new frontier, and you Dorrit are a pioneer. How is this uncharted territory working for you so far? Have you been well received, so to speak?**

It has been a learning process and still is. After I got access to the prisons and found out how Hep C programs work in there, I had to identify the gaps and come up with solutions to see how we close these gaps. I have had some wins on the way – but definitely also challenges. I have been well received both by clients and stakeholders. I have put a lot of effort into promoting my role and I often hear that it is a good program.

**I'm not much of a "stat" girl but could you please give us an idea in layman's terms of how many people you've supported to date?**

Well luckily, I'm a bit of a "stat" girl, ha ha.... So, until now I have had 50 clients referred to me. Some of these clients are referrals from services that are trying to locate their clients that they have put on Hep C treatment but lost contact with them. In many cases, I managed to find them although it is time-consuming, but I'm a very determined person, so I don't give up that easy.

**Are you surprised to find yourself nurturing Queensland's prison population in this way, or have you always dreamed of working from behind bars?**

I guess I'm a little surprised working behind the bars – it's definitely a different working environment compared to what I'm used to. But when the opportunity came up, I thought to myself: "I can do this" – for me it makes no difference to help people get treatment for Hep C inside or outside prisons. I think QuIHN does a fantastic job in our different Hep C clinics in the community, so I'm very happy to refer clients from prisons into these services.

**Lastly can you tell me the origins of your name. I've never met a Dorrit in my life and I am sooo curious.**

Well I'm Danish – and in Denmark - Dorrit is used as the first name, but its origin is a surname derived from Dorothea. .... yeah there is not many of us, in 2018 there were only 1375 with that name in Denmark. I haven't met any here in Australia. So hopefully you can remember me now ☺

**I'm pretty sure I'll always remember you. Thanks again Dorrit, this is really such valuable information for our readers, thank you so much for taking the time to explain.**

**HAVE YOU JUST BEEN RELEASED FROM PRISON AND ARE SEEKING SUPPORT?**

**AND**

**ARE YOU CURRENTLY ON HEP C TREATMENT?**

**OR SEEKING TO START HEP C TREATMENT?**

PLEASE CONTACT

Dorrit Grimstrup

0400 745 840 / dgrimstrup@quihn.org

**QuIHN**

**HEPATITIS C TREATMENT MANAGEMENT PROGRAM (TMP)**

**PRISON TRANSITIONS WORKER (PTW)**

As a dedicated PTW worker

I will be responsible for:

- Managing referrals
- Providing case management support

To people who are currently:

- on Hepatitis C treatment or,
- seeking to start or
- completing treatment and are at the risk of being incarcerated, or on post release from correctional system in South East Queensland.

PTW will:

- Link post-release clients from the correctional centre into Hepatitis C treatment with TMP.
- Establish a centralised pathway for correctional centres for clients who are on or seeking treatment upon release to community.
- Provide linkage for people who have started Hepatitis C treatment through QuIHN and are at risk of incarceration into the correctional system.
- Establish and maintain relations with relevant nursing staff and stakeholders.

For further information please contact

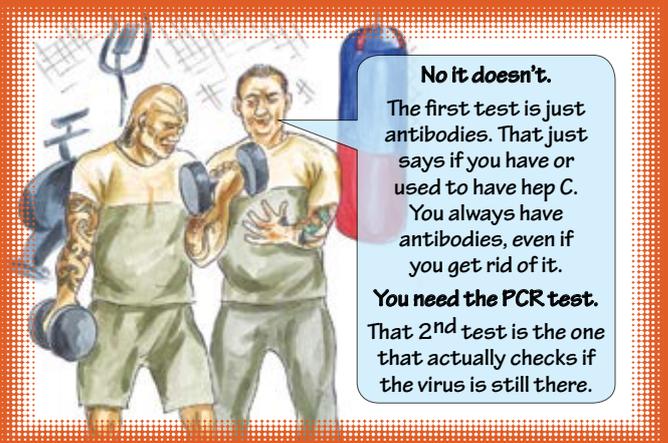
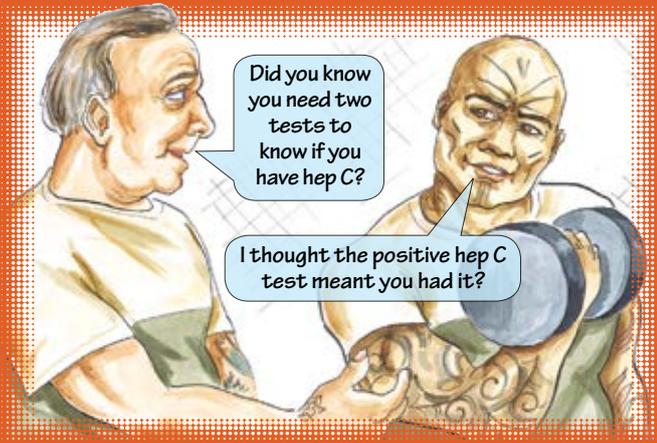
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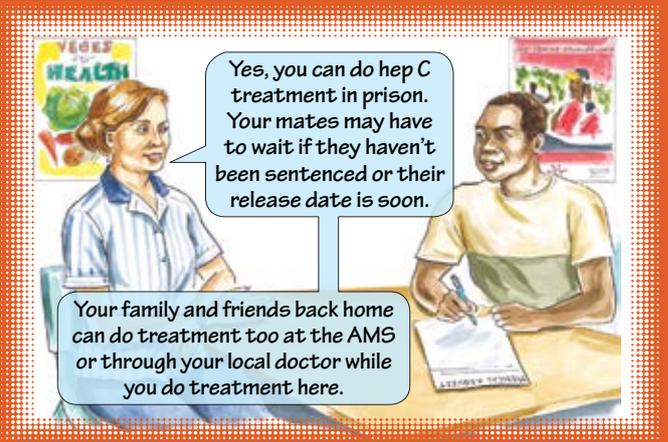
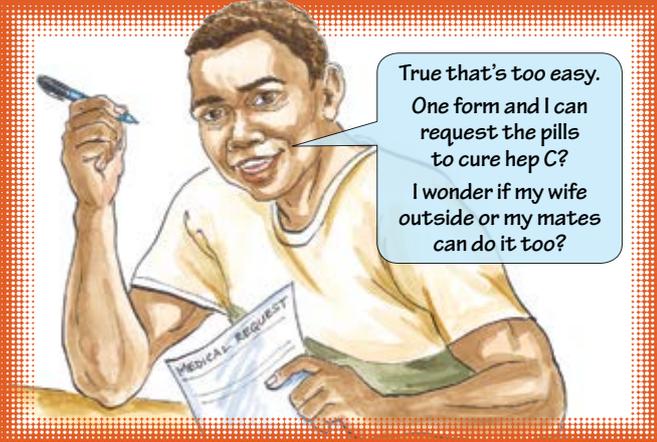
www.quihn.org

# Have you thought about getting hep C treatment in prison?

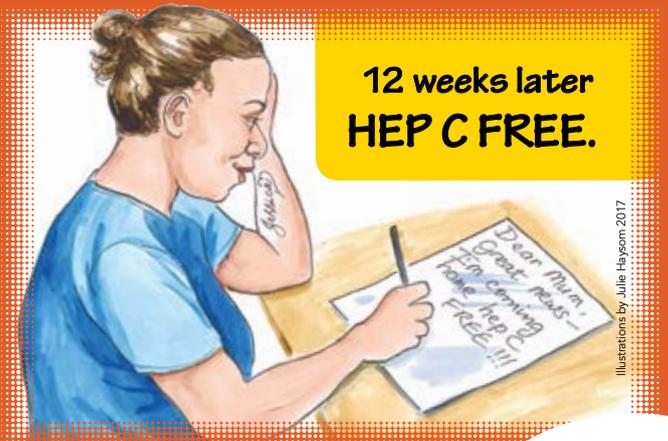
## STEP 1 > FIRST CHECK THAT YOU HAVE HEP C.



## STEP 2 > PUT IN A REQUEST TO MEDICAL.



## STEP 3 > TAKE ONE OR TWO TABLETS FOR 12 OR 24 WEEKS - GET CURED.



**12 weeks later  
HEP C FREE.**

Talk to medical or call **Hepatitis Queensland** to find out more about testing and treatment. Free Call Hepatitis Queensland on **ARUNTA number 12** or call **1800 HEP ABC (1800 437 222)**



## DON'T WASTE YOUR TIME IN JAIL. USE IT TO GET YOUR HEP C TREATED

Time in jail can be devastating for most people. Being separated from family and friends, following rules and dealing with being straight can be difficult to endure. Once you get your head around all those things, what about thinking about the positives. Three meals a day, a roof over your head and an opportunity to get your health needs sorted.

Hep c treatment is now available to patients in jail. The word is spreading about new treatments which are easy to access and come with very few side effects. Anyone who remembers the old interferon treatments will remember how awful they were for anyone who had to use them. Hair would fall out, skin rashes would need treating and your mental health would go down the toilet.

Not any more.....New treatments now treat all genotypes of HCV and most people report very few side effects. Treatment times are also shorter with times from 8-12weeks.

My name is Alison and I am one of the Clinical nurses out at Numinbah Correctional centre. We have helped treat 45 patients since we started in March last year. If you come to Numinbah chances are you will see me or one of the other nurses at this service to get your Hep c treated.

Out here on the farm at Numinbah Correctional centre QLD health can get most people started on treatment within 2-4 weeks. We work with the liver Clinic at GCUH, but if your liver is in good shape you won't even need to be seen. Nurses will organise all your blood tests and send a request for your case to be assessed. When we get the go ahead, your medication we be ordered and we will chat about how to take it and how to keep yourself healthy while in Jail.

What happens if you have used in jail ? Let your health staff know about it and they will organise for you to be retested and if needed retreated. Any information that you disclose to us about your drug use stays confidential.

So any time you are in Jail use your time to get healthy.  
**YOUR FRIENDLY QLD HEALTH TEAM ARE HERE TO HELP.**



# IS IT WORTH GETTING RID OF MY HEP C IF I'M LIKELY TO BE IN PRISON AGAIN?

## YES! IS THE SHORT ANSWER BUT WHY?

Well, the less Hep C there is around = the less transmission of Hep C that happens. For example, if 60% of people in prison have Hep C then I have a certain risk of getting Hep C if I share or use the equipment after anyone else. If more people get treated, then that percentage of people in prison with Hep C will drop and that will lower my risk of getting Hep C from anyone I share with while in prison.

**LESS HEP C VIRUSES**

**=**

**LOWER THE RISK  
OF GETTING IT.**

**It's like swimming in a lagoon with blue bottles. I'd rather take the risk of swimming if there are only a few in there. If there are thousands of stingers, the risk of getting stung is much higher.**

It's maths. The only way we can get rid of the risks is to get everyone who has it cured, as many times as we need to until it has gone.

**Treatment for one person = cure for one person.**

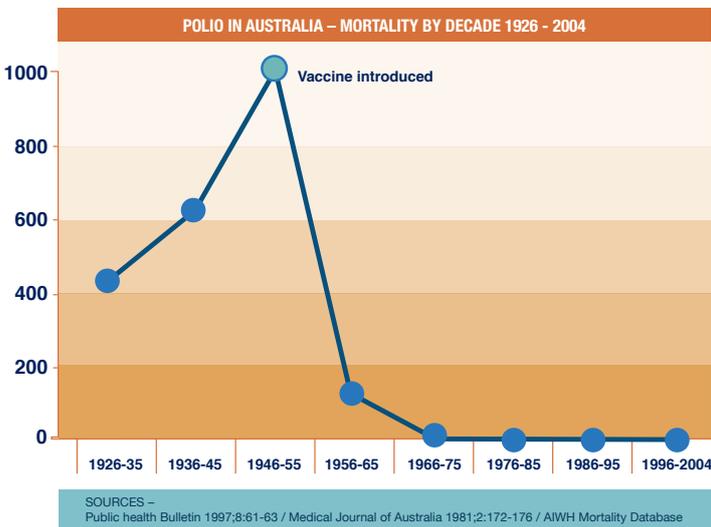
**Treatment for everyone = elimination for Australia.**

Polio was eradicated in Australia only when we got the vaccines and it was no longer spreading. Hep C has very good cures. This could be the major turning point if we continue to use the treatments to cure the virus. Prevention of transmission of Hep C helps a lot but it's only with the cures that we have a chance of getting rid of it. And prison can be a major place where sharing equipment occurs because we don't have NSPs in prison yet. To transmit HCV though, it has to be in the blood. I could share all day with people who don't have the virus and I can't get it (though this is not recommended for other reasons!). So, let's try to get as many people who are going to jail or sharing fits cured of the virus any time they need it.



**ANKLE BRACELET FASHION TIPS**

Feeling fine? Strutting hard! Beating that pavement as you paint the town.



Let's keep an eye out for the latest figures because if as many people as possible are being treated, the number of people with hep C should keep dropping. And there will come a point when we shouldn't need to treat anyone in Australia because it's gone.

**There's a report showing how Australians have been going with getting treated for Hep C which can be found at -**

[https://kirby.unsw.edu.au/sites/default/files/\\_local\\_upload/others/Australia%27s-progress-on-hepatitis-C-elimination-2019-report.pdf](https://kirby.unsw.edu.au/sites/default/files/_local_upload/others/Australia%27s-progress-on-hepatitis-C-elimination-2019-report.pdf)

**There are also 3 animated videos made by Hepatitis Queensland for QCS about the ease of Hep C treatment set in a prison which can be viewed at -**

<https://corrections.qld.gov.au/qcs-launches-correctional-hepatitis-c-videos-state-wide/>

**On a personal level, you being treated is also protecting anyone who might use your fit (or tweezers or toothbrush, or anything else that might get blood on it) after you.**

**OTHER THINGS WE CAN DO TO REDUCE THAT RISK IS:**

- 1. NOT USING ANY EQUIPMENT THAT ANYONE ELSE HAS**
- 2. CLEANING AS THOROUGHLY AS POSSIBLE ANY EQUIPMENT THAT ANYONE ELSE HAS USED**

# DON'T TELL ME

– ANONYMOUS

The old man explained  
“Every heart is like  
two wolves fighting,  
one black, one white”.

In awe the boy whispered,  
“Which one wins?”

“The one you feed the most”  
Came the old man’s reply

Cherokee proverb

**ABUSE: TREAT WITH CRUELTY  
OR VIOLENCE, ESPECIALLY  
REGULARLY OR REPEATEDLY.**

Don't tell us about your  
pain, society would rather  
not hear it, we've all had pain.

Pain is no excuse for the choices  
we make, whether  
we choose to live or die,  
give or take, love or hate.

Your pain isn't special, so don't bore  
us with it. Talk about pain will find  
you no sympathy here. Instead –



**Tell me about betrayal –**

The betrayal you felt when your parents left you at an institution run by monsters. Pleading ignorance means nothing, for you were just a little boy.

**Tell me about terror –**

The terror you felt when hiding under the floorboards of the kitchen of a government-endorsed, religiously enforced boys' home. How you were terrified the brothers might sense your panic or smell the sweat that ran all over your body willing you to be still, as if dead. How you chose to bite down hard on your tongue until it bled, rather than breath; lest breathing gives you away.

**Tell me about hunger –**

A hunger so ravaging your need to calm it knew no bounds.

A hunger that withered your body and mind, forcing you to steal food: dog biscuits jammed far down in your pockets, hidden from the persecutors, to be "enjoyed" later in private.

**Tell me about sorrow –**

The sorrow you drowned in the night you learnt that dogs can be made to attack children who are disrespectful toward their tormentors.

**Tell me about the stench –**

The stench of urine-soaked fear, the stench of putrid breath as it whispered putrid things into your ear hard from behind. The stench of things never meant for the noses of little boys or girls.

**Tell me about the sounds –**

Sounds without sight, in pitch darkness. The sounds of threats. The sounds of dogs mauling children. The sounds of zippers urgently going back and forth. The sounds of frightened youth sobbing and begging.

**Tell me about suffocation –**

Suffocating as your spit stained face was rammed into your spit stained mattress, on your spit stained cot, until you couldn't breathe at all. Tell me how having a pillowcase pulled tight over your head to subdue you is the most suffocating thing in the world when you're seven.

**Tell me about guilt –**

The guilt you felt when you heard the torturers slithering through the night, while you lay rigidly still, petrified, hoping with your whole being that they would use the boy next to you, at least for tonight.

**Tell me about shame –**

The shame you felt when you heard that boy's desperate ear-piercing screams shattering the eerie quiet. A shame shared by all the child inmates who were secretly relieved they weren't chosen that night.

**Tell me about silence –**

The silence after they'd gone, the shivering naked silence that oozed from rips in your body to pool with your blood on the sheets. Did you pray that day?

**Tell me about your prayers –**

Prayers to a God who never answered you, prayers to a God who never came, prayers to a God who forsakes children. Tell me about the hate you have for Him now. Tell me how this crippled your hope and your faith forevermore, and how, for some reason, you don't even miss those things.

**Tell me again about betrayal –**

The betrayal of doctors and nurses who sewed closed wounded youth, just to send them back to the guilty, to be reopened, time and again.

**Tell me about respect –**

How your time spent in an institution as a child made it impossible for you to grasp the concept of "respect". No, you can't understand it, but still, you demand it.

**Tell me about violence –**

How those who weren't violent didn't survive, they went missing. How violence became your security, how it's all that keeps you warm at night: How violence is the only thing left that is worthy of your "respect".

**Tell me about survival –**

Surviving against all odds, despite the risk of brutal punishments. Pacing back and forth wearily, like a caged animal, watching for weaknesses, building resentment, cultivating a loathing, to bestow on society once freed.

**Tell me about frustration –**

Frustration at returning to your life before incarceration, to find it different, difficult, hostile; as if life kept growing while you were ceasing to exist, and no one out here understood, hurt people hurt people.

**Tell me about darkness –**

Spent in restless, peaceless sleep. Turning and twisting to the beat of relentless nightmares: that replaced the dreams you had, before the bullies tore them from your young heart and hands.

**Tell me about forgiveness –**

How you never forgive, nor have you ever been forgiven.

**Tell me about healing –**

Without forgiveness, there is no healing. Without love, there is no forgiveness.

**Tell me about love –**

A love you can't show without ever being shown. A love you can't feel for those who feel love for you.

**We all need to talk about love, please, tell me.**

**REDRESS: REMEDY OR SET RIGHT  
(an undesirable or unfair situation).**



## National Apology to Victims and Survivors of Institutional Child Sexual Abuse

Today the Australian Government and this Parliament, on behalf of all Australians, unreservedly apologises to the victims and survivors of institutional child sexual abuse.

For too many years our eyes and hearts were closed to the truths we were told by children.

For too many years governments and institutions refused to acknowledge the darkness that lay within our community.

Today, we reckon with our past and commit to protect children now and into the future.

Today, we apologise for the pain, suffering and trauma inflicted upon victims and survivors as children, and for its profound and ongoing impact.

As children, you deserved care and protection. Instead, the very people and institutions entrusted with your care failed you. You suffered appalling physical and mental abuse, and endured horrific sexual crimes.

As fellow Australians, we apologise for this gross betrayal of trust and for the fact that organisations with power over children — schools; religious organisations; governments; orphanages; sports and social clubs; and charities — were left unchecked.

Today, we say we are sorry. Sorry that you were not protected, sorry that you were not listened to. We are sorry for refusing to trust the words of children, for not believing you.

As we say sorry, we also say we believe you. We say what happened was not your fault.

We are sorry that perpetrators of abuse were relocated and shielded rather than held to account, that records have been withheld and destroyed, and accountability avoided.

We are sorry that the justice and child welfare systems that should have protected you, were at times used to perpetrate yet more injustices against you.

We apologise for the lifelong impacts this abuse has had on your health, your relationships, and your ability to live life to its full potential.

We also extend this apology to your children, your parents, siblings, families, friends and supporters; all those who have helped carry the burden of your experiences and helped advocate for accountability.

We regret that your children's lives have been changed and relationships have been broken by the enduring effects of abuse.

We hear the rage, despair and hurt of parents whose trust was betrayed along with your own.

We admit that we failed to protect the most vulnerable people in our society from those who abused their power. Our community believed people and institutions who did not deserve our trust, instead of believing the children who did.

Because of our inaction, too many victims are no longer with us to hear this apology. They did not live to see the justice they deserved. But today we remember them, and we extend this apology, along with our sincere sympathies, to their families, friends and supporters.

As we say sorry, we honour the courage of survivors and advocates who spoke out to expose sexual abuse in our institutions, often at great personal cost. Your voices saved lives. Your bravery has allowed us to uncover this dark chapter of our national life and understand what we must now do to protect children.

We also acknowledge the many victims and survivors who have not spoken of their abuse. Your suffering is no less anguished for your silence.

Together, as a Government, a Parliament and a community we must all play a role in the protection of children from abuse. We must accept our responsibility to keep our eyes and ears open and speak out to keep our children safe.

We must listen to children and believe what they tell us.

Child sexual abuse is a serious criminal act, and a violation of Australian law. Perpetrators must and will be held to account.

Today, we commit to take action, to build awareness in our community and strengthen our systems to promote children's safety across Australia. We commit to ensuring that all of our institutions are child-safe.

We know that we must and will do better to protect all children in Australia from abuse and that our actions will give true and practical meaning to this apology.

Our children deserve nothing less.

The Hon Scott Morrison MP  
Prime Minister  
22 October 2018

# National Redress Scheme

The scheme has been developed by the Australian Government to the Royal Commission into Institutional responses to Child Sexual Abuse. It also holds institutions accountable for this abuse.

The scheme started as an important step towards recognition, respect and support for people who have experienced institutional child sexual abuse in July 2018 and will run for ten years. The Australian Government is running the scheme.

## THE SCHEME CAN PROVIDE



A redress payment

Access to counselling

A direct personal response- such as an apology from the responsible institution (or institutions) for people who choose this.

YOU CAN APPLY FOR THE NATIONAL REDRESS SCHEME IF YOU

Experienced institutional child abuse before 1 July 2018, and

Were born before 30 June 2010, and

Are an Australian resident.

### PLEASE CONTACT US IF YOU WOULD LIKE SUPPORT TO APPLY FOR REDRESS.

For More information about the Scheme you can Visit the National Redress Scheme website ([www.nationalredress.gov.au](http://www.nationalredress.gov.au)) OR Phone 1800 737 377

#### LEGAL ADVICE

If you'd like legal advice about your options, you can contact:

1. Knowmore for free legal advice about your options for redress. This might be a civil case, a church complaint or the national redress scheme. Knowmores' phone number is 1800 605 762
2. A Private Lawyer to receive legal advice for options for redress this This might be a civil case, a church complaint or the national redress scheme. You may be able to ask for free legal advice from a private lawyer

You can contact Lotus Support Services for information, referral and support to complete and submit a National Redress Scheme application or to complete and submit a church complaint.

We can also support you if you are applying to the National redress scheme or a church complaint by yourself, with knowmore (a free legal service) or a private lawyer  
[redress@micahprojects.org.gov.au](mailto:redress@micahprojects.org.gov.au) (o7) 3036 4490

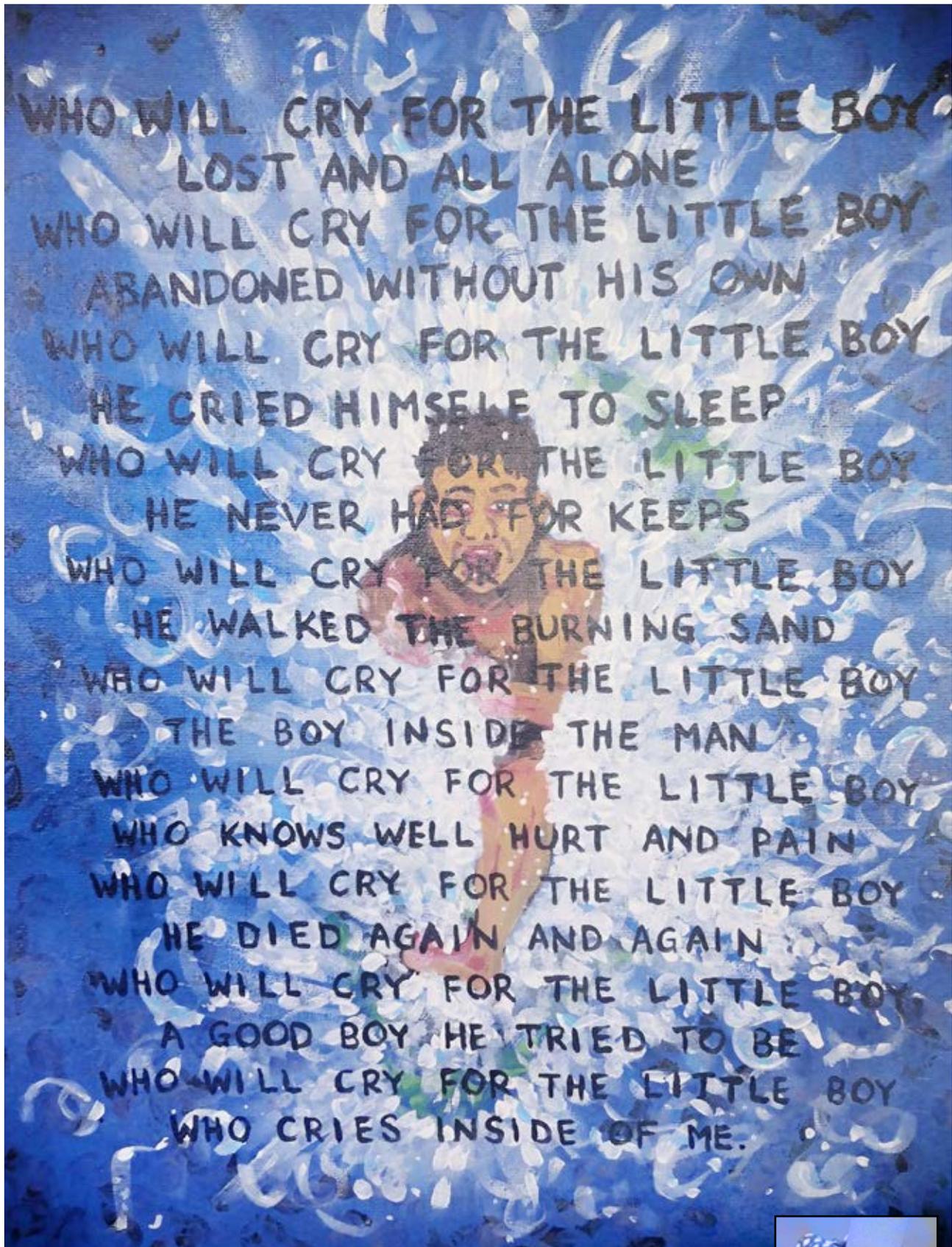
If you are in Central Queensland, you can contact Lotus Place Rockhampton  
[loustcq@micahprojects.org.au](mailto:loustcq@micahprojects.org.au) (07) 4927 7604

If you are in Northern Queensland, you can contact Lotus Place Townsville.

[lotusnq@micahprojects.org.au](mailto:lotusnq@micahprojects.org.au) (07) 4724 2559

Lotus Support Services - Micah Projects Ph (07) 3036 4490 [redress@micahprojects.org.au](mailto:redress@micahprojects.org.au)

P.O box 3449, South Brisbane, Q, 4101, [micahprojects.org.au](http://micahprojects.org.au) / [lotusplace.org.au](http://lotusplace.org.au)



#### ANKLE BRACELET FASHION TIPS

Perfect for those picnic type of Sundays with the family!



# How Trauma Can Affect Your Window Of Tolerance

**HYPERAROUSAL**

Anxious, Angry, Out of Control, Overwhelmed  
Your body wants to fight or run away. It's not something you choose – these reactions just take over.



**WINDOW OF TOLERANCE**

When you are in your Window of Tolerance, you feel like you can deal with whatever's happening in your life. You might feel stress or pressure, but it doesn't bother you too much. This is the ideal place to be.

When stress and trauma shrink your window of tolerance, it doesn't take much to throw you off balance.

Working with a practitioner can help expand your window of tolerance so that you are more able to cope with challenges.



**HYPOAROUSAL**

Spacy, Zoned Out, Numb, Frozen  
Your body wants to shut down. It's not something you choose – these reactions just take over.

nicabm

# TOWARDS RECOVERY

## BLUE KNOT FOUNDATION FACT SHEET FOR PEOPLE WHO HAVE EXPERIENCED CHILDHOOD TRAUMA (INCLUDING ABUSE)

- 1 Childhood trauma stems from overwhelming negative experiences in early life. It can take many forms (eg. *sexual, emotional, physical abuse* and *neglect*). It can also occur without abuse if early caregivers were unable to meet your emotional needs (e.g. because they had unresolved trauma histories themselves).
- 2 Unresolved childhood trauma negatively impacts health and well-being in adulthood. It affects both emotional *and* physical health ('the whole person') and the full impacts may not become apparent until years later.
- 3 *It is possible to heal from childhood trauma.* Research shows that with the right support, even severe early life trauma can be resolved. It also shows that when an adult has resolved their childhood trauma, it benefits their children or the children they may later have.
- 4 Effects of childhood trauma include *anxiety, depression, health problems* (emotional and physical), *disconnection, isolation, confusion, being 'spaced out', and fear of intimacy and new experiences.* There is no 'one size fits all', but reduced quality of life is a constant.
- 5 Survivors are often on 'high alert'. Even minor stress can trigger 'out of proportion' responses. Your body continues to react as if you are still in danger, and this can be explained in terms of unresolved prior experience.
- 6 Survivors often struggle with shame and self-blame. But childhood trauma and its *established effects* are NOT your fault, even though you may feel otherwise (often because this is what you were encouraged to believe as a child when you were vulnerable and still developing).
- 7 Self-blame can be especially strong if you experienced any positive physical sensations (which is not an uncommon body response) in relation to abuse you have undergone. Physical reaction to sexual abuse does NOT mean desire for, or agreement to, it. *Children cannot consent to, much less 'cause', sexual or other forms of abuse.*
- 8 Children develop *coping mechanisms* to deal with the effects of childhood trauma. It is normal to want to feel better, and if you were traumatised as a child the need to 'escape' feelings can be intense.
- 9 *Coping mechanisms* develop for a reason, serve a purpose, and can be highly effective in the short term. But some methods of coping (e.g. excessive alcohol use) can be risky in themselves. Addictions (to food, sex, drugs), avoidance of contact with others (which reinforces isolation) and compulsive behaviours of various kinds (in attempts to run from the underlying problem which, because it is unaddressed, doesn't go away) are all ways people try to cope.
- 10 Recognising that *current* risky behaviour may be an attempt to solve *past* unresolved trauma can be the beginning of recovery. This is because you see (i) the 'logic' of your actions (*extreme coping strategies can be attempts to manage extreme stress*) and (ii) that you are not 'bad' or 'mad' for wanting to escape the unbearable sensations which are the legacy of childhood trauma.
- 11 Replacing unhealthy coping mechanisms with healthy ones is a very important part of healing but can also be very challenging. It is not about 'will power alone'. Rather it is an ongoing process in which appropriate counselling and support can be of enormous value.



National Centre of Excellence  
for Complex Trauma

Blue Knot Helpline 1300 657 380 | [blueknot.org.au](http://blueknot.org.au) | 02 8920 3611 | [admin@blueknot.org.au](mailto:admin@blueknot.org.au)

# TOWARDS RECOVERY

## BLUE KNOT FOUNDATION FACT SHEET FOR PEOPLE WHO HAVE EXPERIENCED CHILDHOOD TRAUMA (INCLUDING ABUSE)

- 12** Recovery is a *process* which can take time and which involves stages: (i) *Pre-contemplation* (what needs to change?) (ii) *Contemplation* (weighing up pros and cons; you may feel very torn), (iii) *Action* (costs of not changing seen to outweigh benefits; decision to begin recovery process). If/when you are ready, you should be the one to control the pace of your process.
- 13** Recovery is NOT *denial, a magic wand, 'papering over the cracks', living in the past, feeling restricted, doubting your self-worth*. Recovery IS *confidence, freedom* (from obsessive thoughts/the need to achieve or escape) *self-acceptance, a sense of options and choices, opportunity, wider perspective, a sense of letting go of what used to be consuming* (Middleton, 2007).
- 14** The recovery process can involve several components, which can include positive relationships with others as well as personal therapy. Best practice therapy for childhood ('complex') trauma takes place in a number of *phases*, which don't necessarily occur in strict order. Phase 1 is about safety and feeling more stable internally, Phase 2 is about being able to 'process' the trauma/s and Phase 3 is about adjusting to 'life after trauma'. The *ability to manage your internal states* (Phase 1) is central to all aspects of recovery.
- 15** Basic knowledge of the brain can assist the recovery process. From 'top down', the brain comprises the *cortex* (thinking, reflective capacity), *limbic system* (emotions) and brain stem (arousal states; includes 'survival' responses). Under stress, 'lower' (brain stem) responses dominate (flow 'bottom up') and limit ability to be calm, reflect, and respond flexibly.
- 16** Survivors are vulnerable to overwhelm from lower *brainstem* responses ('easily triggered'). But everyone is subject to stress, which restricts 'higher brain' functioning. *This is not 'personal weakness', but how the brain functions* (it is just more marked for survivors). Soothing and stabilising strategies, which differ from person to person, are helpful.
- 17** Putting supports in place when embarking on the recovery process is important. You can call the Blue Knot Helpline on 1300 657 380 (9.00am – 5.00pm seven days) for short-term professional counselling support and information. If you are seeking face-to-face professional support, it is important for your therapist to be 'trauma-informed' (i.e. to understand the effects of trauma, how people cope, and how to help them on the road to recovery). The Blue Knot Foundation database lists practitioners who are competent to work with survivors who have experienced childhood trauma; if you call the Blue Knot Helpline, a trained and experienced counsellor will be happy to assist you. To find out more, go to [www.blueknot.org.au](http://www.blueknot.org.au)



National Centre of Excellence  
for Complex Trauma

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# Anger Iceberg

Icebergs are large pieces of ice found floating in the open ocean. What you can see from the surface can be misleading. Most of the iceberg is hidden below the water.

This is how anger works. Often when we are angry, there are other emotions hidden under the surface.



# 12 REASONS

**NON- JUDGEMENTAL**

**SUPPLY**

**PROVISION OF EQUIPMENT**

**IMPROVE HEALTH CARE**

**NEEDLE SYRINGE PROGRAMS ARE**

**PREVENTATIVE HARM REDUCTION MEASURES**

**RIGHTS FOR ALL PEOPLE**

**INCARCERATED**

**SHARING EQUIPMENT CARRIES HIGH RISK!**

**OPIATE SUBSTITUTION THERAPY AND**

**NEEDLE SYRINGE PROGRAMS ARE DIRECTLY CORRELATED WITH SUCCESSFUL INTERVENTION IN THE TRANSMISSION OF HCV AND HIV IN PEOPLE WHO INJECT DRUGS.**



### ANKLE BRACELET FASHION TIPS

Into the sexy golfer look? Get it gurl!



# MY STORY OF GETTING OUT OF JAIL

**IT WAS MY LAST NIGHT IN THIS COLD HELL HOLE WHICH IS CALLED A CELL. I WAITED FOR THE LAST ROLL CALL THEY CALL MUSTER!!**

**I turned on my telly, not that I was watching it, I was just using it as some background sound as I started packing up my little room that I have for the past 14 months.**

Not that I was taking much home with me at all, I sorted through all my paperwork and threw out all the shit I didn't need and after going through all my shit all I had was a little brown paper bag to take with me.

I laid down on my bed and before I knew it, I got woken up to; "Morning ladies. This is your wake-up call".

**Wow, its morning already. Yippy, I am getting out!**

I got out of bed had a shower and got dressed, I gave all my stuff to some of the girls in my unit and had some breakfast. Fuck the time is going slow, I kept watching the clock, it was worse than watching grass grow!!

Then I hear over the speaker; "Inmates getting released come to reception". I got up and walked to the reception area. I got my stuff and changed into the clothes I had in my property and walked to the Big Steel gate waiting for them to open it so we all can enter the OUTSIDE WORLD ONCE AGAIN.

YES, I am free at last, I look around to see if I can see my mates who are supposed to be picking me up, I can't see them anywhere! I sit down waiting for them, before I know it, I look at the time and it's been an hour and a half and I am still sitting here waiting. I go and ask the people in the front office if I can use the phone to make a call, they say "Yes but only one". I call my mates someone answered and said "They are on their way they shouldn't be too much longer" I replied "OK".

Before I know it, my mates turn up, they are only 3 hours late, but they turned up in the end. I jump in the car and they say "Hello! We have a present for you" and they give me a loaded shot with Speed in it. I replied "Thanks" with them urging me to "hurry up and have it!" I said "I'm not having it right outside the front office of the women's jail! Fuck, let's go and get off prison property. Knowing my luck I'll get seen having it and before I know it will be walking back in those gates again haha."

**So, we drove far away from the jail, never to see it again!**

We pulled over on the M1 (Pacific Highway) so I could have my present they brought up for me. I was thinking to myself "Knowing these two it will properly be a shit

shot and I most prob won't feel it cause these two get off on fly shit (meaning a crumb or two)". So found a vein and put it away, quick as. I was quite shocked cause I normally have trouble finding a vein, but not this time!

As I push it all in my arm and pulled the needle out, I had to open the car door straight away and jump out to get fresh air. I couldn't breathe; my heart was racing overtime and I couldn't see a thing. It was like I was in a night club or at a rave when the lights turn off and on consistently, and everything was in slow motion. They were flying past me and when my mate talked to me it sounded like they were talking in slow motion.

All I think to myself was "Don't Panic or freak out, just ride with it, like you're riding a wave." It was like the wave was never going to end, and I was riding it for about 10 to 15 minutes, then all of a sudden it was over and I came to.

I hopped back in the car, and my mate asked me how that was, as they laugh.

**I replied**

**shit**

**&**

**laughed  
as well.**

I asked them how long I was out of the car for and they replied, "Only for about 3 to 4 minutes." "Shit," I said "it felt longer than that".

**BY ESHA LEYDEN**

# PREGABALIN FACTSHEET FOR CLIENTS

## – FROM PENNINGTON INSTITUTE

Pregabalin, better known as Lyrica®, is medicine prescribed for nerve pain, epilepsy and anxiety. It comes in capsules in doses of 25mg, 75mg, 150mg and 300mg.

### Effects –

As well as reducing pain, pregabalin has similar effects to benzos. Some of the effects are wanted and some are unwanted. Pregabalin is sometimes used to increase the effects of other drugs like opioids or alcohol, but this increases the risk of overdosing. Pregabalin's possible effects include:

- |                       |                                      |
|-----------------------|--------------------------------------|
| – Sedation            | – Vomiting                           |
| – Drunk effect        | – Trouble sleeping                   |
| – Euphoria            | – Psychosis                          |
| – Relaxation and calm | – Tremors                            |
| – Hallucinations      | – Swollen Limbs                      |
| – Lowered inhibitions | – Depression or anxiety              |
| – Fits/seizures       | – Confusion and memory impairment    |
| – Blurred vision      | – Suicidal thoughts                  |
| – Constipation        | <i>(in a small number of people)</i> |

### Overdose risk –

Pregabalin can cause respiratory depression. If it's used with other drugs that slow your respiratory system, it can cause your breathing to become dangerously slow or stop. Overdose can cause coma or death. Naloxone won't work on pregabalin, but it will reverse the effects of opioids if you're using them too. If someone drops on pregabalin and opioids, taking the opioids out of the picture might be enough to get them breathing again. Always call for emergency help if someone drops – 000.

### Dependence –

Tolerance and dependence can develop if pregabalin is used regularly, whether prescribed or used off prescription. It's never a good idea to try to stop or cut down using a drug on your own. The more support you can get, the better your chances of things working out well. It's a good idea to speak to a doctor or an alcohol and other drug workers before you try to make changes to your drug use, so they can help you manage any withdrawal symptoms you might have.

### Withdrawal –

It can be dangerous to stop using pregabalin suddenly. You should always speak to a doctor if you are going to stop using it, even if you have been using it without a prescription. Withdrawal can cause a recurrence of the symptoms for which pregabalin was prescribed.

Other withdrawal symptoms include – severe cravings, trouble sleeping, nausea, headaches, seizures, diarrhoea, sweating, tremors and depression.

### Reducing the risks:

- Start with a small amount to work out how strongly it will affect you.
- Try not to use more than one drug at a time, including alcohol.
- Don't drive when you're using.
- Don't stop suddenly.
- Avoid injecting pregabalin as it can seriously damage your veins.
- Be aware of your mental health and seek help if anxiety or depression symptoms are new or worsening, or if you are feeling suicidal.

If you are going to inject pregabalin: PLAN AHEAD  
When you go to the NSP, take extra needles and syringes and sharps containers so you don't get caught short and have to reuse or share.

Be in control of your own drug use. Learn to inject yourself so you don't have to rely on others. Consider other ways to use - swallowing or via shafting (putting drugs up your bottom).

Always filter. Some things are better to use as a filter than others. A corner of a swab or a part of a tampon is much better than a pre-made cigarette filter which can have harmful particles in it. Wheel filters are the best thing to use to filter out insoluble particles if you're injecting pills.

**There are services that can help you consider your drug use and what you can do about it. In Queensland contact:**

**– ADIS – FREE CALL  
24/7 Alcohol and Drug  
Support 1800 177 833**

# MY SIDE OF THE TRACKS

Hey trackheads, it's Tegan Nuckey reporting in. I have had a chat with someone I have pretty much known my whole life. For confidentiality reasons I can't disclose his name, but he is one of my role models and someone I ask advice for in life and I thought it would be a good opportunity to let him sprinkle some 'inside' wisdom to you.

**SO HERE WE GO –**

**How old are you?**

57 years old

**How long have been using for?**

I am and have been using heroin for over 30 years

**How long have you done in prison?**

I have spent 20 plus years behind bars.

**How long have you been out for now on parole?**

About 4 months now, I have approximately 4 years of parole to navigate through and I'll be free.

**Congratulations on getting the ankle bracelet off! What was that like having the bracelet on?**

Upon release, the 'board' burdens the individual with a variety of conditions to stay on right side of the tracks, ankle bracelet, (GPS), curfew, drug test. The list goes on and on. It is what it is.

**Do many overdoses happen in jail? How many are fatal? What's the procedure if someone drops in there?'**

Heroin is no longer the drug of choice in there, so you don't see overdoses like once upon a time. But let's not give credit where it's not due, Subby does not kill as heroin does, simple.

**Do you think that there should be access to the suboxone program in prison?**

Absolutely. They should but treat it like any other medicines, should they have Subby in jail.

**What about needle sharing in prison?**

Although there are all sorts of issues with sharing needles if you can find one, people are creative they can be very clever and build their own.

**How much knowledge would you say that prison screws have about suboxone, drug use, mental health?**

It varies, some screws try good, sort themselves. Others hold us in contempt as if we're the reason they're so miserable. Truth be known, they were born that way.

**You have mentioned that you have overdosed on heroin when getting out of prison. What happened?**

Overdose, me, several times. I underestimated the strength and tolerance.

Being away from it your tolerance drops. But in your head, you remember the amounts vividly and bang, you're turning blue. You are lucky if you have someone who is looking out for you, most low lives will leave ya.

**Have you been there when someone has overdosed when they have gotten out? If so, what happened?**

I had a mate die in my arms and no matter how much I blew into his lungs I couldn't save him. I live with that.

**Have you found it hard getting used to being back in the community?**

The outside world is a mix of ups and downs, at first you're rapt you're out, then the novelty wears off, you have to be responsible for yourself. Life is very confronting when you first get out, not only for you, but it's a big adjustment for the family.

**What have you been doing to keep yourself busy?**

Playing the guitar, going to the gym, chasing women (ha-ha) just living life, trying to do the normal, whatever that is.

**In your experience what would be your advice for people getting out?**

For the user who is still visiting dark places of torment, you're nothing special you're not the first to have travelled this road it's been done before, but can you become someone to turn it around, it can be done.

Getting a routine, is important. joining the gym has helped me. If all I do that day is get up ride my push-bike to the gym and ride back that helps me start the day. In jail, ya have routine, out here you must have self-discipline with routine. Ya must keep your head clear and have time out, and the gym is mine.

Centrelink don't give you much, when you get out you get the \$500 payment and then your next fortnight payment is cut in half. It's fuck all to live on but making sure your bills are paid and budgeting. You don't have to do it in there everything is done for you. Out here you have to, or you will learn the hard way.

**Is there anything else you would like to say?**

**I HOPE YOU CAN FIND SOME PEACE, I WISH YOU ALL THE BEST.**

# THERE ARE **NO DRUGS** IN JAIL... RIGHT?

**I THOUGHT I WOULD ASK SOMEONE WHO'S BEEN THERE AND DONE THAT. SO, I DID WHAT I ALWAYS DO WHEN I WANT THE LOWDOWN AND HIT UP MY MATE WOMBAT.**

Between 1995 and 1997 he did a stint at Silverwater in NSW He had been an IV drug user previously, however when he went in, he had not injected a drug for 2 years.

Well, that was about to change- in the 14 months in there, he would be drug-free for 3 days... the first 3.

He would begin using heroin but could not let anyone know "It was looked down upon"

He told me he would use whatever was available at this time and one of those

things doing the rounds was Rohypnol, a Benzodiazepine which is a tranquillizer they say about ten times more potent than Valium, it comes in a pill form, and a chalky one at that.

**So, no drugs and no fits in jail. I'm guessing no wheel filters then?**

"No, we tried to reduce the harms, in those days we could smoke in jail, so we had filters. but we only had tailor-made and they had their own harms. I had a "hand me down" fit in the beginning and took the blokes' word it had only been used a couple of times we were more concerned with the sharpness of the tip than the potential for blood-borne virus."

He tells me about the first fit he ever saw in jail – the lid of a Terumo, the flash of orange jumped out at him through a heap of cans in a recycle area, he filed it away in his memory and when an opportunity and a drug presented itself he made his way back and dug it out. Faded and sun-damaged, old and used. The worst one he ever saw, the physical addiction was there, and it would be OK, it would have to be, he would boil it in water...

HIV/AIDS was still in everyone's minds in 1995 mostly from the grim reaper advertisement of '87, aimed at raising awareness on the dangers of AIDS it depicted the Grim Reaper bowling in a bowling alley and knocking over men, women and child "pins" which represented AIDS victims.

**"BUT WE DIDN'T THINK ABOUT THAT, IT WAS STILL TALKED ABOUT AS A "GAY DISEASE"**

**Had you ever been tested for Hepatitis C?**

I was tested for Hep C previously and found out I was positive I'd done 3 months in remand, I agreed to a blood test at a GP appointment while trying to obtain a script for benzo's and didn't really even know what I was agreeing to or being tested for, I would have done anything to just get the script and get out of there. I never told anyone, I was weird about it, when I finally told a mate, I found out he had it too, then I found out they all did. Looking back, I'm pretty sure I got it from my very first shot"

**When was that I ask?**

"In 1985.... I was 14."

**OK so, you can't let anyone know your using heroin. What about Methadone?**

"God no! It was looked down on by the Crims and Guards. They would call over the mic METHADONIANS TO THE OFFICE when it was time for their dose. It felt like they were from a different planet. I saw men that were respected until they were seen to be dosed ... Then they were ostracised, just another untrustworthy junkie."

**So, all this stuff is getting into the jail how? -**

"well the usual ways, over the fence, in tennis balls in those days, stuffed with drugs and cut down fits and anything else you could shove in them and then there was "The Safe."

**"A MAGAZINE DID THE ROUNDS, I THINK IT WAS MADE BY PRISONERS, IT WAS THE FIRST TIME I HAD HEARD OF HARM REDUCTION."**

**EARLY INTO MY LAGGING, I ASKED A BLOKE ONCE “HOW DID YOU GET THAT IN”?! HE REPLIED “THE SAFE” I REMEMBER THINKING “WHAT?! HE HAS A SAFE? HOW THE HELL DID HE GET THAT IN!”**

Later I learnt what the “Safe” was and I had to push it to the back of my mind, I knew almost everything we used had been up some blokes’ arse at some point.”

**So, my next question is... what about bacteria?**

He said amazingly he never had an infection in there, a swollen vein once, but he didn’t seek medical attention, he didn’t see a doctor the entire time.

“I saw a nasty abscess on a bloke once, he always hid it under long sleeves, he got an extremely high temperature and was taken away. We never saw him again. There were a lot of people with missing limbs, missing fingers. One bloke had a missing arm and leg. It was the first time I ever saw black fingers. I know now it was the chalk and binding agents in the pills and the Temazepam, oily liquid capsules of benzo’s we called footballs. We thought it was the benzo’s causing the amputations, but we didn’t know for sure. A magazine did the rounds, I think it was made by prisoners, it was the first time I had heard of Harm Reduction. A bleach station appeared on a wall in a room where the mops and buckets were stored the only reason I knew what it was for from reading that magazine, after that when I gave out “dirties” I advised people to wash them out. I worked in the kitchen and could move around, travel between the kitchens and the wing the food was prepared in, 3 times a day. I was approached and asked to move a 20pk of new 1mls and a gram of Amphetamines to somebody in another wing. We passed the drugs quickly. I waited for an opportunity to pass the fits bit it didn’t work out the way we planned. He was busted with the drugs in the meantime and I was left with the fits. I bartered 17 of them for shots and held 3 for personal use – those three lasted me 1 year.”

**I ask how he sharpened them** – “with a matchbox. It always worked for me. I heard of other ways, glass was one, I didn’t try it.”

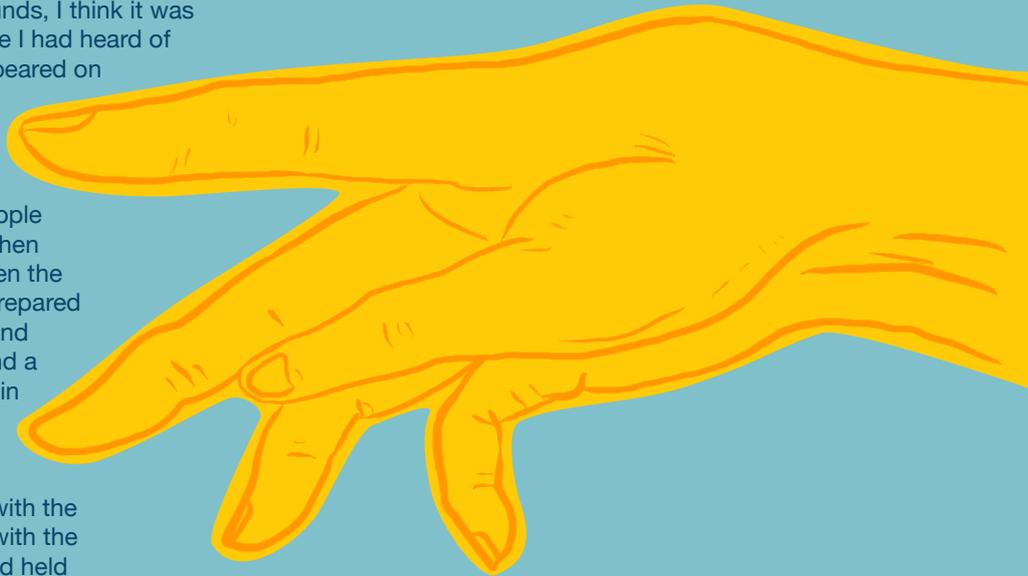
**So, in all this time of contraband moving around did you ever get done with anything?**

“I was caught with a bong and weed on multiple occasions – there were not many punishments, the screws would make you sweat and stress out, but never follow through, there were no urines done either. The MEU (Metropolitan Enforcement Unit) would come through whenever they wanted with a dog to strip search you and film it on camera. The screws noticed my weight loss, they enquired. ‘if I make you roll up your sleeves, will I be disappointed?’ even though I felt they were asking out of concern, I did what I always did. I denied it. I kept my use hidden, and it kept me using. Having a double life

took its toll. I remember two brothers who shared a cell that were always clearly affected by opiates and benzos which made them a target, they got apples and oranges pegged at them daily, they also dropped a mop bucket on one of their heads from the second floor and made him pass it back up. To do it again...and again. Half a dozen people probably knew I used, Coz I got the drugs from them. I had one ex-user I could talk to about stuff. “

The heroin usually came from the Asian guys; outside they will sell to you but inside they are picky. The Lebanese guys stuck to themselves and turned on themselves. They dealt in Cannabis, Ecstasy and Coke. We got pills and Amphetamines from the Aussies. When there was a shortage of weed everyone would turn to pills and there would be fights. The Middle Eastern guys would drink Vodka and Orange (Fanta) and play poker for money. 2K on the table, snorting Coke. They were also the go-to for Ecstasy and LSD. I left Silverwater with nothing...but an opiate habit.

*My last shot of heroin ever was the day of my release in 1997. I hopped on a plane for Queensland. I used Benzo’s, Booze and Weed to withdraw ...and that is another story.”*



\*\*\*\*Wombat was treated and cured of the Hepatitis C Virus in 2018 using the new Direct Acting Anti-Viral medication Epclusa. He reported no side effects. He began Peer Harm Reduction work all those years ago, advising people to clean their fits “when there is no other way” and he continues to provide Harm Reduction Education and Support and encourages the uptake of HCV treatment among PWUD in the local community.

Contact QuIHN for more information on their TMP (Treatment Management Program) \*\*\*\*

WOMBAT



Aboriginal & Torres Strait Islander  
Legal Service (Qld) Ltd

## Throughcare Program

*Addressing the cycle of offending to create safer communities.*



### 1. What is the Throughcare Program about?

The aim of the Throughcare Program delivered by ATSILS across Queensland is to support prisoners and youth detainees (pre and post release) to address their offending behaviour. This includes supporting clients to transition successfully back into the community and support the changes needed in their lives that can greatly reduce the prospects of them returning to prison. Ultimately the goal of the Throughcare program is to help our clients turn their lives around and in so doing, create safer communities. The Throughcare Program has continued to grow and recently has expanded to include several new positions in targeted locations across the state dedicated to family and domestic violence prevention and diverting high risk youth away from the justice system.

### 2. How will this goal be achieved?

Throughcare Officers focus on assisting several targeted clients (who are considered to be a high risk of re-offending) through intensive case-management. Our officers work closely with their clients and where available, collaborate with Correctional Facility or Youth Detention Centre staff, other stakeholders, clients' families and community members.

For those starting the Program: during their period in custody we will talk with them about their future plans. They may also be referred to other agencies – as assisting clients often requires a 'team effort' from a tailored network of partners identified as critical to their specific case. We will seek the client's specific views as to what they think will most likely assist them in terms of addressing their offending behaviour and making a successful transition back into the community.

Post-release from prison or youth detention, our Throughcare Officers will continue to provide assistance to clients to keep them on track with their transition back into community. This might include introductions and/or referrals to other agencies, assistance with employment and/or housing applications depending on the case management plan relevant to the client.

### 3. Is the Program voluntary?

**Yes** – it is a matter for each client offered a place in the Throughcare Program as to whether or not they want to participate. Further, any client can withdraw part-way through the Program if they decide to do so. You will need to complete a Client Assessment Form to access the program – so please speak to your local Throughcare Officer if you are interested. A list of Throughcare Officer locations is provided below.

### 4. Is the Program available to all prisoners or youth detainees?

**No** – due to limited resources and the targeted nature of the Program – only a limited number of prisoners or youth detainees can participate in the Program. Further, the Program is only open to Aboriginal and/or Torres Strait Islander prisoners/detainees; who are assessed as being in a higher risk of re-offending category; and only at certain correctional and detention institutions. We would also want to be assured that our applicants are committed to turning their lives around. Unfortunately, some who satisfy all these requirements might still not qualify for the Program due to high demand for the service and limited resources.

### 5. How long would the Program go for if I am accepted?

The length of each client's case-managed Program will vary depending upon individual client needs. The average Program is likely to run for approximately 6 – 12 months in total (pre and post release). Some will run longer, some shorter.

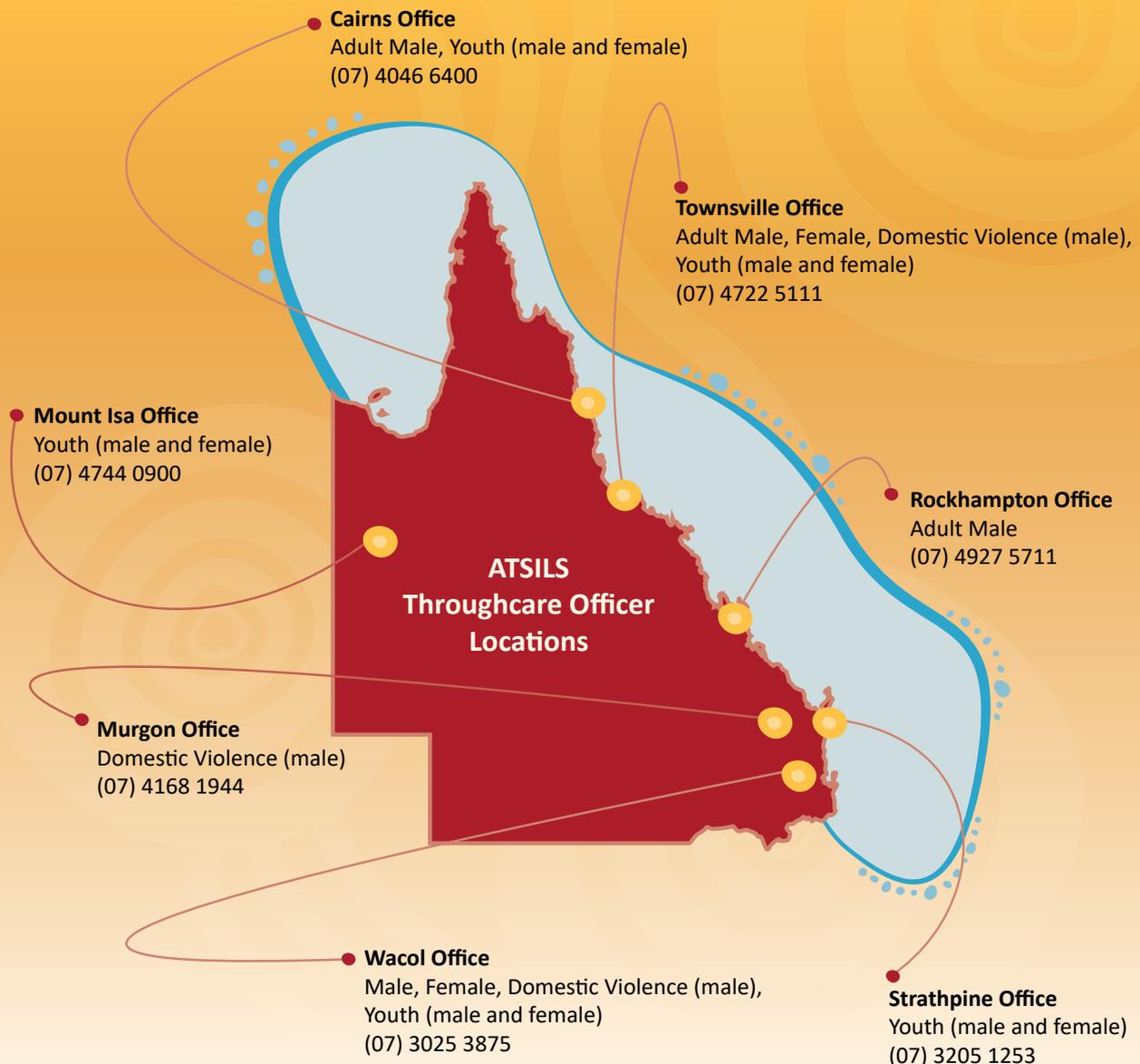
## 6. If I'm not on the Program – can I still get help from the ATSILS' Throughcare Officer?

**Possibly** – depending upon the subject matter and provided the assistance relates to a quick or simple request. Contact an ATSILS Throughcare location in your region to enquire. Please do not take offence if a request for help is refused. Our Throughcare Officers need to dedicate most of their time and resources to case-managed clients to ensure the Throughcare Program continues to be a success.

## 7. Is the ATSILS Throughcare Program part of the Correctional Institution's or Detention Centre's case-management plan?

**No** – any ATSILS' case-management is separate from anything the Institution or Centre might be running. This Program is between ATSILS and our clients. However, ATSILS will also do our best to ensure that the Throughcare Program compliments any other Program or Plan run by the Institution or Centre itself. We always adopt a cooperative approach with the Centre or Institution – the goal is to assist our clients and communities by addressing offending behaviour. Because of this, we would expect a cooperative approach from the correctional or detention systems in return. The same would apply to Probation and Parole Officers, Community Corrections Officers or Youth Justice or Child Safety Officers after your release.

## 8. Where are the Throughcare Officers located across Queensland?



[www.atsils.org.au](http://www.atsils.org.au)

FREE CALL  
**1800 012 255**

Connect with us on:



# SOME TIPS IN PREPARING FOR YOUR LOVED ONE COMING HOME.

**THE PHONE RINGS...THE RECORDING STARTS 'THIS CALL IS FROM \*\*\*\*\* CORRECTIONAL CENTRE,' YOUR LOVED ONE TELLS YOU THEY ARE COMING HOME TOMORROW. THE WORDS YOU HAVE BEEN WAITING TO HEAR FOR A LONG TIME.**

**BEFORE YOUR LOVED ONE COMES HOME, HAVE A PLAN, BE PATIENT, BE REALISTIC AND SET SOME BOUNDARIES.**

## Before release....

**If your loved one is using suboxone while inside they will need to be booked in with an opiate replacement program.**

You will need to book this appointment. Your loved one can either go to a private GP that prescribes OST (Opiate substitution therapy) or you can go through AODS (Queensland health).

- When calling to book the appointment, explain that your person is getting out on X date and that they need to be seen ASAP. (Note: It is important to mention that if they cannot get on the program ASAP there is a risk of them using another opiate as they will be in withdrawal and there is a HUGE risk of overdose.)

If you have any questions or need support with this, you can give QuHn a call in your area. We will be able to talk you through it and give some contacts for private GPs and the AODS in your local area.

If your loved one does use or has a history of using opiates it's important that you have an understanding about symptoms of overdose, what to do and have naloxone (Narcan) at home. You can purchase naloxone as a nasal spray (Nyxoid) or preloaded syringe (prenoxad). If you are wanting to get some more information, give QuHn a call and will be able to provide you with the information you will need as well as training.

## DO YOUR RESEARCH AND GET ORGANIZED.

Have ready bus timetables, good bulking billing GPs, NA meetings, and any support programs in your local area that can be helpful

- Mobile phone – organise a phone and number.
- They will also need a photo ID, Medicare, bank card.

**The morning comes to pick up your loved one, usually they ask you to be there at 8.30 am sometimes you can be waiting a long time!**

## NEXT STOP – CENTRELINK

Once released go to the local Centrelink - usually, someone will receive a \$500 emergency payment. Ask Centrelink about future payments as the following payment may be less than usual because of this. This money may need to last the fortnight. Think about things that will need to be purchased such as transport GO card, phone, toiletries, etc.

## PAROLE

Understand how parole works.

If your loved one is getting released on parole, they will need to attend their parole appointment usually within the first 48 hours. Speak with your loved one about what they want to do when they get out?

- Counselling
- GP mental health care plan (6 free sessions with a psychologist)

They may have certain requirements as part of their parole order. This may include counselling, urine drug testing, wearing an ankle bracelet, etc.

If you know that they have counselling on the order it is a good idea to know where there are services close to home.



*Hello.....Hi, how are you?*

*Yeah, i'm doing great now. I'm...I'm coming home! I know, me too. I can't wait to see you. me too. I know, me too.*



In my experience, Parole will usually list people in counselling and groups that they are familiar with and that tick the requirement box rather than talking with the person about the logistics of getting there, public transport, etc.

This is when you can support your loved one with working out public transport etc.

### ANKLE BRACELET

Nowadays, it is common for some to have an ankle monitor for usually the first 3 months of their order. There is still a stigma around the bracelet as once upon a time it was applied for people who have committed sexual offences. The ankle bracelet is very common now for most people who are given parole regardless of their previous history.

It is a chunky looking thing and can be uncomfortable. The plug needs to be in the wall at home (not on a power board). It comes with a charger that clips on. They put the bracelet on for several reasons. If someone has a curfew, check that they are where they say they are (appt, GP, etc) and also to be alerted if someone is hanging out with another person with an ankle bracelet.

Tips for the bracelet – first few days your loved one may feel self-conscious about wearing one, there are different ways to attempt to ‘disguise it’. Bandage, ankle guard, long pants... If it is rubbing, get some elastic plaster band-aid.

### HEALTH

Linking in with a GP once someone is released is important. Things to request from the GP is a mental health care plan, full blood screen including hepatitis C PCR testing. If your loved one has shared needles inside, they will have to wait about 3 months before having a hepatitis C PCR test done. They may also need some medication to help with anxiety or other mental health concerns once released. Have a chat with the GP about some options.

Having your loved one come home can be exciting and petrifying all at the same time.. It's important to look after yourself. Sometimes we can put a lot of pressure on ourselves especially if the person is coming to live with you and is on a parole order.

Be patient – for someone getting out of prison especially after doing a long time this can be very overwhelming. Simple things like going to the shops, being around a lot of people and even sleeping in the same bed can be very scary. The first few days are very busy, don't be worried if your loved one may want to stay home and settle. Give them space. You don't have to do everything at once.

Realistic – It's hard not to have expectations of the white picket fence when your loved one is coming home. Yes, we've all heard the 'I'm never coming back to jail again, this is the last time, I'm not using when I come home' and these thoughts and intentions are very real at the time. It's important to take each day at a time and remember that it is not your journey it is theirs.

### KIDS.

Having a loved one come home can be exciting. It's important to have a conversation with your children before they come home. Prepare your little one for the changes, especially when they are used to having all your attention. Make sure during this time you are checking in with them and how they are feeling. Try to spend that little bit more extra time with them. Having open and honest conversations with your little ones and be realistic. Let them know that it is a possibility that their loved one may have to have another holiday, but we will try our best to keep them at home.

**This is the most important tip of all.... I cannot stress this enough, look after yourself and have support!**

In my experience, it can be very isolating for some people when supporting someone in and out of jail. You may not feel comfortable to tell your friends and family as you might be concerned about how they will react or fear of being judged.

It's normal for you both to get stressed out, overwhelmed and frustrated not only at each other but also at the system. Try and be as open as you can in your communication with your loved one. Remember that this is a big change not only for you but also for them. Be patient, take time out, and reach out for support.

### GETTING OUT CHECK LIST

Below is an example of a to 'do list' for your loved one when coming home. Having a plan for those first few days, writing them down and ticking them off can really help.

### EXAMPLE

#### TO-DO LIST – TICK IT OFF

- Centrelink
- Parole
- Buy a diary
- Bank card
- Medicare card
- 18+ card or Driver licence
- Book appointment with GP
- See kids
- Pick up clothes from old mates
- Join the gym
- Department of Housing application

# PREVENTING OVERDOSE

COPE

*Penington* PENINGTON  
INSTITUTE

## THERE IS A LOT YOU CAN DO TO REDUCE THE CHANCE OF OVERDOSE

### GET NALOXONE

Naloxone reverses the effects of opioid overdose. It can be prescribed by a doctor and is also available directly from a pharmacist. It is cheaper to get it on prescription.

Always carry it with you.

### TRY NOT TO MIX DRUGS

Taking more than one drug can increase the risk of overdose. That includes using on top of methadone. Taking opioid drugs with alcohol or benzos can slow your breathing and heart rate. Try to use one drug at a time.

### BE SMART ABOUT TOLERANCE

If you've taken a break from using drugs for even a day or two (detox, rehab, jail, using less), your tolerance can drop quickly and so could you. Buying from a different person or a different batch can mean you're not used to the gear. **If you've had a break, or using something new, try a small amount first.**

### LEARN ABOUT HALF-LIFE

Some drugs have a long half-life. The half-life of a drug is the time it takes for the concentration of it in your body to be reduced by half. There are drugs you might have taken yesterday and still cause you to drop if you have a hit today. Some benzos, including Diazepam (Valium) have a long half-life. Depending on your health, age and how much / and for how long you've been taking it, it may be as long as 50 or 60 hours, or maybe even longer. **Think about what you've used and when.**

### BE CAREFUL WITH PHARMACEUTICALS

Some pharmaceuticals are a lot stronger than illicit drugs. Fentanyl is about 100 times stronger than morphine – and the risk is increased even more when using more than one drug at a time. **Try to only use one drug at a time, and don't assume pharmaceuticals are safer.**

# PREVENTING OVERDOSE

## TRY NOT TO USE ALONE OR IN AN UNFAMILIAR PLACE

If you drop and you're alone and no one can find you, you're more likely to die. Try not to use alone. But if you do, tell someone you are about to use, and arrange to check in with them a few minutes later. Think about where you're using. If you drop, will you be found?

## THINK ABOUT OTHER WAYS TO USE

Injecting drugs instead of swallowing or snorting increases your risk of overdose because less is needed to achieve the same effect. It's a lot harder to predict the dosage amount when injecting. Consider smoking, snorting or shafting.

## LOOK AFTER YOUR HEALTH

Health problems make it harder for your body to deal with drugs, especially problems with your lungs, heart, kidney or liver. Infections and dehydration can also increase your risk. **Look after your health.**

**Get a health check-up and act on any concerns.**

## HISTORY OF OVERDOSE

If you've overdosed in the past, you might have damage to your kidneys, liver or brain. This increases your risk of future overdose.

## KEEP DRUGS OUT OF THE WAY OF KIDS

Accidentally taking pharmaceutical or illicit opioids can lead to serious harm and may be fatal. Keep all opioids out of the reach of children and make sure take-away doses of medicines are locked away (e.g. in a cupboard, drawer, cash box or safe).

**If someone accidentally takes opioids, don't delay. Ring 000 straight away, tell them what's happened and follow their direction, including administering naloxone if you have it.**

# Assembling and using Prenoxad

1

Remove the clear film wrapping by pulling the red tear strip on the side of the box.

Twist the outer plastic to break the tamper evident seals and open.



2

Unscrew the plastic top from the syringe.



3

With the needle still in its sheath, screw the blue fitting onto the syringe.

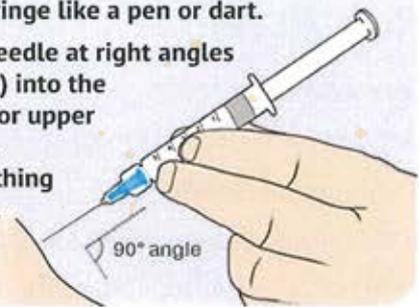
Remove the cap by twisting it instead of pulling it.



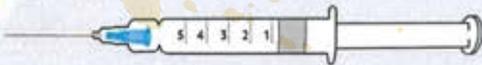
4

Hold the syringe like a pen or dart.

Insert the needle at right angles (90 degrees) into the outer thigh or upper arm muscle, through clothing if necessary.



5



First dose



Second dose

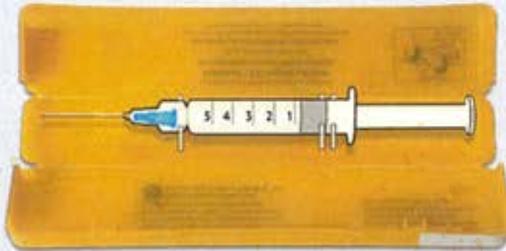


Inject the first dose marked on the syringe with a '1'

Additional doses of naloxone can be given every two to three minutes (every four minutes for pregnant women).

6

Remove the syringe with the needle attached and safely put it back into the case.



Take note of the time so you can inform the paramedics.

If there is no response after two to three minutes, give them a second dose. (every four minutes for pregnant women).

AFTER USING THE PRENOXAD INJECTION KEEP THE SYRINGE IN THE BOX AND SAFELY HAND IT TO THE AMBULANCE CREW.

Updated design. Information previously endorsed by the clinical sub-group of COPE reference group.

# OPIOID OVERDOSE RESPONSE PLAN

- naloxone pre-filled syringe (Prenoxad®)

COPE



## Signs of opioid overdose

- UNRESPONSIVE
- Snoring/gurgling noises
- Irregular/shallow breathing
- No breathing at all
- Blue lips – if pale skinned
- Ashen look – if dark skinned
- Limp body and heavy nod
- Possible vomiting

## What to do

- Stay with them.
- Before you act, check for danger.
- Try to get a response from the person.
- If there is no response call for help – 000.
- Give the operator the information they ask for and follow their instructions.

### Put the person in the recovery position ▶

- Tilt their head back, clear the airway if needed and make sure that their airway stays open and clear.
- Give them one dose of naloxone (see other side).
- If their heart is beating but they are not breathing, apply rescue breathing – if you know how or are comfortable doing so (two slow breaths to start, and then one breath every five seconds).
- If there are no signs of life, in addition to the steps already taken, start CPR – if trained or comfortable doing so.
- If the person doesn't start to breathe after two to three minutes (four minutes if pregnant) give a second dose of naloxone and continue other measures.

### 1. Raise arm



### 2. Support head



### 3. Lift leg



### 4. Roll over



## Aftercare

Naloxone usually wears off in 30 to 90 minutes. When this happens the person might drop again. This is more likely if the person has taken other depressant drugs, like alcohol or benzodiazepines.

**If you need to use more naloxone - use it.**

Do not leave them alone and discourage them from using any drugs for at least two hours.



# SISTERS INSIDE INC.

## HEALTH SUPPORT PROGRAM (HSP)

The HSP offers personalised support to improve the health and wellbeing of criminalised women and their children. We work alongside women to identify and respond to their needs. The women involvement is 100% voluntary. The HSP provides outreach services to women and children through South East Queensland

### QUESTIONS?

P – 07 3844 5066  
Toll Free – 1800 290 662  
FAX – 07 3844 2788

Office – 7 Woolcock St,  
Hyde Park, QLD 4812  
Postal – PO Box 824,  
Hyde Park, QLD 4812

Office Hours Mon – Fri  
8:30 am - 4:30 pm

[adminnq@sistersinside.com.au](mailto:adminnq@sistersinside.com.au)  
[www.sistersinside.com.au](http://www.sistersinside.com.au)

### Who is the HSP for?

- This program mainly targets – Women during the first month after prison release and their children.
- Other criminalised women and girls with complex health needs.

### What does HSP offer?

The HSP provides individual support and assists women to access services to meet their needs, including:

- Health (medical, dental, mental health, allied) services and support.
- Drug and alcohol treatment services and support.
- Social wellbeing (housing, income, cultural, education) services and support
- Healthy living services and support

ACSO's CREST program is a regionally based prisoner re-entry program focusing on success on parole. The CREST program is delivered in partnership with Queensland Corrective Services in the South East Queensland Region. As a CREST client, you would be allocated a Forensic Case Worker for the duration of your support period who will work with you to identify your individual needs/risks to assist with successful reintegration.

For more information or to be referred to CREST please discuss with your probation and parole officer.

Assisting with Centrelink

Navigating public transport

Referrals to supports services / programs to assist with physical and mental health issues.

Referrals to substance use prevention agencies

Assisting to secure safe and stable accommodation

Promoting connectedness with family, social support networks and encouraging participation in community groups

Assisting to develop purposeful use of time including employment, education, training and other pro-social use of time.

Assistance obtaining Identification documents such as birth certificates, drivers licenses', adult proof of age cards, Medicare cards, health care cards etc.

CREST

# transgender gender diverse and non-binary prison experiences (qld)

**We are seeking formerly incarcerated transgender, gender diverse and non-binary people willing to discuss their time on the inside.**

## OUTCOME

This research project aims to identify transgender and gender diverse specific needs that are not currently being met and ways to improve access to quality health services and management practices within Queensland correctional facilities.

This is about exploring your thoughts and opinions relating to your lived experience during incarceration such as:

- General living conditions and environment
- Treatment by correctional staff
- Gender affirming health care provided or not?
- Other/personal experiences

## HOW

Contact us for a confidential 30 minute face-to-face or phone interview in exchange for a \$100 gift card.

For further information about this project or to participate please contact Dr Amy Mullens (+61 7 3812 6153) or Dr Annette Bromdal (+61 7 4631 1609), Principal Investigators, University of Southern Queensland or email [projectinfo@usq.edu.au](mailto:projectinfo@usq.edu.au)

# QUIHN NSP CHRISTMAS TRADING HOURS

**Wednesday 25th Dec – Closed (Xmas Day)**

**Thursday 26th Dec – Closed (Boxing day)**

**Friday 27th Dec – Limited NSP hours 10am – 2pm all regions**

**Monday 30th Dec - Limited NSP Hours 10am – 2pm all regions**

**Tuesday 31st Dec - Limited NSP Hours 10am – 2pm all regions**

**Wednesday 1st Jan 2020 – Closed (New Year's Day)**

**Thursday 2nd Jan 2020 – Back to normal business hours 9am – 7pm (S/port 10am – 4pm), (TVL 9am – 5pm)**

## 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



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