

# TRACKS

Illicit drug users magazine



This publication is not for general distribution. Tracks Magazine has been created for people who use illicit drugs. QuIHN does not condone or accept illicit drug use but seeks to minimise the harm that can arise from illicit drug use, in line with Australia's public health strategy.




*Handwritten signature and date: "No" and "2011"*

Issue 33




QUIHN RECOGNISES THE  
STRENGTH, RESILIENCE, SURVIVAL,  
AND SOLIDARITY OF PEOPLE WHO  
USE DRUGS AND REMEMBERS  
THOSE OF THE DRUG USING  
COMMUNITY WHO ARE NO  
LONGER WITH US. QUIHN  
VALUES ARE UNDERPINNED BY  
A SOCIAL JUSTICE FRAMEWORK  
THAT RESPECTS DIVERSITY  
AND DIFFERENCE AND WE ARE  
COMMITTED TO PROVIDING FULLY  
INCLUSIVE, PROFESSIONAL, AND  
NON-JUDGMENTAL SERVICES  
TO PEOPLE OF ALL CULTURES,  
LANGUAGES, CAPACITIES,  
SEXUAL ORIENTATIONS, GENDER  
IDENTITIES AND/OR EXPRESSIONS.



QUIHN ACKNOWLEDGES THE  
TRADITIONAL CUSTODIANS  
OF THE LAND ON WHICH WE  
WORK AND PAYS RESPECT  
TO ELDERS, PAST, PRESENT,  
AND FUTURE. QUIHN ALSO  
ACKNOWLEDGES AND RESPECTS  
THE CONTINUATION OF CULTURAL,  
SPIRITUAL, EDUCATIONAL  
AND HEALTH PRACTICES OF  
ABORIGINAL AND TORRES  
STRAIT ISLANDER PEOPLES.

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WE ACKNOWLEDGE ABORIGINAL  
AND TORRES STRAIT ISLANDER  
PEOPLES' STRENGTH,  
RESILIENCE, AND CAPACITY IN  
RESPONSE TO THE IMPACTS  
OF COLONISATION. QUIHN IS  
COMMITTED TO CONTRIBUTING  
TO A RECONCILED AUSTRALIA.





**The Tracks Committee's mission IS TO EDUCATE, SUPPORT AND EMPOWER people who choose to use or inject currently illicit and prescription substances.**

At Tracks we welcome contributions which reflect the opinions and issues of those who have used, or are currently using illicit drugs. We pay \$30 for every piece published in Tracks and \$100 for work published as the cover.

We look for all sorts of submissions, you certainly don't need to be Picasso or Shakespeare to be published here.

As a general guide, we look for art including drawings, doodles & digital art / graphic design, photography, poems, personal stories, short stories, personal experiences, reviews, local news, yarns & gripes. If you'd like to submit something that isn't included in this list – go for it.

**If you'd like to contribute to Tracks you can:**

Visit [www.quihn.org/submit/](http://www.quihn.org/submit/)

Call us 1800 172 076

Email us [quihn@quihn.org](mailto:quihn@quihn.org)



# Hello & Welcome TO ISSUE #33



**This issue of TRACKS does not have a theme... however, we do have some very cool stuff to share with you.**

We offer some sound advice from peers (people who use drugs) on what to do (and what not to do) when someone you care about is using. We provide some very honest, yet kind advice, such as setting boundaries, avoiding shame or punishment, and staying connected to those who might be struggling with drugs.

We provide you with some safer shooting tips - including some steps you can take to reduce the risks of overdose, vein damage and infection.

We have an article on Ryan's Rule – What to do when you're in hospital and you or your loved one feel like you haven't been heard.

And meet Jacqui – one of QuiHN's outreach legends...

Check out some of the amazing contributions from our talented clients who share their stories, poems and writings with us in this issue. We salute and thank those who contribute to TRACKS- we feel very proud and privileged that our peeps choose to share their innermost thoughts and feelings and allow us to print them in our little mag – Please keep up the amazing work and keep sending in those submissions!

On a serious note, we wanted to mention that sometimes it feels like one step forward and two steps back with the fight against the drug war and drug user's rights and despite the 'War on Drugs' being a dismal failure, it unfortunately has succeeded in breeding ignorance, judgement, condemnation and criminalisation against people who use drugs.

Having said that, it feels like things are slowly changing! Drug laws are currently being realistically reviewed in many parts of Australia, peers and folks with lived-experience are being more widely employed within community services and harm reduction is becoming a more globally accepted approach to drug use – with society finally grasping that people are going to continue to use drugs regardless – and that education, support and acceptance is a far more effective and humanistic way to address drug users/use.

So, the fight for drug users' rights is real people. Let's continue to fight it together!

Continue to stand up for your rights and support each other, stay connected with your local drug user organisations (like QuiHN) and of course, always - safety first – if you're gonna get on it, please do it safely.

Until next time, Much love –

The TRACKS Committee

XO



SEDATION: DAMIAN G

# WELCOME TO THIS ISSUE OF TRACKS

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# DRUG NEWS



## ODTP Crisis

The recent closure of a Brisbane clinic has left over 1000 ODTP (Opioid Dependence Treatment Program) patients in crisis and without a doctor or a prescription for ongoing treatment. Some patients have been able to attend government facilities (AODS) or private doctors for treatment, but many have not - leaving people with little choice but to substitute treatment with illicit opioids, putting them in a vulnerable position and at high risk of overdose. ODTP can be provided by public clinics, private prescribers and nurse practitioners- (who have received training) but sadly, there are very few places in and around Queensland – leaving people with very few options when seeking treatment

## Qld Drug Laws Could Be Relaxed

In proposed new laws yet to be introduced, those caught for the first time with small amounts of drugs in Queensland (including coke, meth, heroin & unscripted pharmaceuticals) would no longer receive a criminal charge and instead could be offered the new '3-strike rule'. Meaning the first time you are caught, you'll be offered a warning and the second time you will be offered the options of drug diversion.

## Pill Testing In Queensland Gets The Green Light

The government has decided pill testing also known as drug checking services will soon be allowed in Queensland for the first time. This move comes as part of the government's commitment to reduce risks and harms associated with illicit drug use. Based on successful trials conducted at festivals and a fixed site in Canberra, drug checking services will be available at either fixed or mobile sites and will chemically test illicit drugs to check for the presence of potentially dangerous substances, with the aim of reducing the risk of harm from drug use. The QLD Minister of Health and Ambulance Services has said, "Pill testing is all about harm minimisation; we don't want people ending up in our emergency departments or worse losing their life".

# MEET RACHAEL OUR SUNNY COAST CLIENT REPRESENTATIVE

**"QulHN are totally client focused and really take into consideration what clients have to say which made me realise that QulHN do really care."**

I first contacted QulHN 14 years ago when I was homeless, using every day and on opioid replacement therapy (ORT). I started counselling at QulHN and still do it to this day. I have been an addict for the most part of twenty years, my drug of choice was heroin. I have been on ORT three times and am currently on suboxone.

My counsellor first asked me if I wanted to be an advocate for clients in the Sunshine Coast region. I had no idea what a client representative was but was keen to be involved.

I was contacted by Niki P who chatted to me and sent me paperwork to read about the role. I was totally freaked out because I was scared about having some responsibility and wondered if I could do the job as a client rep.

Part of my duties as a client rep are being on an interview panel for different jobs that are going at QulHN. I get to ask questions and give feedback about the candidate and do an assessment. QulHN are totally client focused and really take into consideration what clients have to say which made me realise that QulHN do really care.

I go to the Sunshine Coast regional meetings

and give feedback about what's been going on, what I have been doing and any feedback from clients who'd like to have their say. I also provide information about how things are going for clients, like what's going on for them in the community, what trends are happening and any dangerous batches of drugs that are going around.

We also are asked for feedback on images, videos, language, and clips that QulHN uses on their website. We are also asked to check policies for the client reps.

There is a client representative for each region, we try to keep up with what's happening in their area and to keep well-informed.

The client reps get together online once a month and talk about what we are up to because QulHN is a little bit different in each region.

I also volunteer 2 days a week at the Sunshine Coast Needle and Syringe Program (NSP) to help stay connected with the clients of QulHN.

If you are from the Sunshine Coast region and you want to get in contact with me please leave your name and number at the NSP and I will get in contact with you.

*cheers, Rachael*



WORDS BY  
ALIX JOHNSTONE

# Commitment to the cause

I can't believe what I'm saying. But I think I'm nearly done.

Over 30 years of using but it was all such bloody fun. In and out of psych wards. Handcuffs and the rest. Sleeping rough out on the streets or in the watchhouse was the best. I tried my very hardest. To be committed to my cause, walking blindly through my psychosis, my reality, not yours. With the shadow people calling me and pulling out my hair, I just keep on screaming, but this ain't fucking fair. My delusions getting stronger, and hallucinations getting worse the medication isn't working and I'm sure that I'm cursed. Rational kind of thinking just put me in my place for all my very best efforts I would simply laugh at my disgrace.



I had a crack at getting better, soon failed at that as well. It seems the only thing I'm good at is getting locked up in a cell. Those silly fucking coppas let me out yet once again. Only to escort me back to the psych ward with my friends.

Now, you probably couldn't see them but I know that they were there. Those tricky little bastards that just love to pull

my hair. As I meander through my drifting thoughts, pushing common sense aside, I tried again to kick the demons out, but I realised I was fried. I can't explain the luck of my existence in this world. It seems as though my straight line is nothing but a curl. A twisted type of reason. A broken kind of glass. One that's full of alcohol and bites me on the ass.

Now when I say I think I'm lucky to have lived through all this crap. I still believe that's true. But I couldn't have done it without my crack. Then there is GHB to follow and a line of coke or two. That started off a cocktail that led me back to you know who! Get picked up by complete strangers that soon become my friends. Then kept on mixing everything until it was like I had the bends. Busted my brains and knuckles fighting all that was in my way. Then lost my mind completely along with the month, the year and the day.

Maybe I'm still not over it, not convinced of a better life the seventeen I've already lived, comprised of mostly strife. But here I go on my journey from bus to train to boat. Cause I know when I fall off again, it hurts less just to float. Must I slide back to reality, into a life I've always condemned, a straight an awkward being until the bitter end. I know when this ride started that my drinking led to shots, the shots then led to chaos, and for the rest, I was just off chops!!!

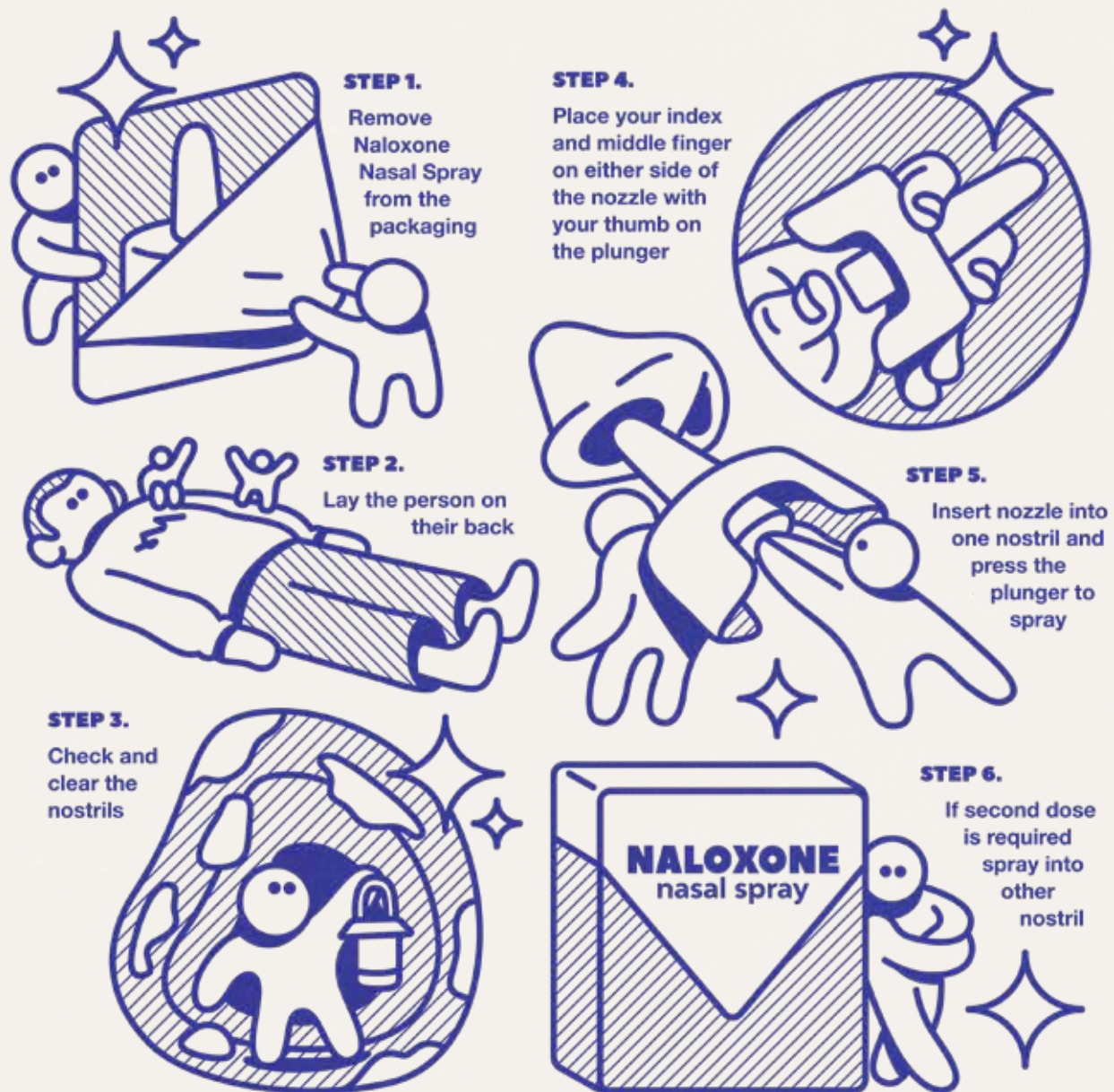
UNNAMED: JASON CUTTING





# Be Prepared if someone DROPS

Naloxone is a medication that reverses the effects of opioid overdose. Signs of opioid overdose are blue lips/fingernails, slumped posture, snoring or gurgling, unconscious, shallow or no breathing, and no response.



# DISPOSAL BIN!

ASK YOUR FRIENDLY NSP STAFF FOR YOUR BIN TODAY!



All used kits must be stored or disposed of in a rigid-walled, puncture-resistant container with a secure lid.



# HOW TO SUPPORT A LOVED ONE WHO IS USING DRUGS

(tips from people who use drugs)

**Empower yourself and your loved one** by saying "no" with love and setting boundaries for self-care.

**Guilt or shame is never the answer.** You can't guilt or shame someone into stopping.

**Avoid getting caught in the drama triangle** and focus on feeling and connecting with your loved one.

**Avoid making important decisions when tired or frustrated.** Sleep on decisions and pick your battles.

**You are not alone.** Reach out to other families, join support groups, seek counselling, and educate yourself.

**Remember that substance use is a health issue,** not a legal one.

**Support, don't punish** your loved one in their journey. The opposite of addiction is connection.

**Listen to your loved one** with unconditional love and support.

**Trust is key.** Don't go behind your loved one's back and let go of your expectations for their journey.

**Be prepared for an overdose** by knowing the signs, symptoms, and how to respond with naloxone.

**Supporting your loved one is not enabling.** It keeps them connected, healthy, and stable.

**Stay informed by asking curious questions** and learning about substance use and harm reduction.

## QUIVAA

For more information and support:

Contact Family Drug Support 1300 368 186 [fds.org.au](https://www.fds.org.au)

Visit QuIVAA at [quivaa.org.au](https://www.quivaa.org.au)



# SAFER SHOOTING

## Tips To Consider Next Time You Have A Shot

If you are injecting drugs, there are steps you can take to reduce the risks of overdose, vein damage and infection. Visit your local QuiHN Needle and Syringe Program for safer injecting education and free sterile equipment.

### Preparation

The place where you prepare and inject your drugs should be as safe, clean and as well-lit as possible. It is also helpful to have access to running water.

When injecting drugs there is a risk of bacteria, viruses and other infection-causing microbes entering your bloodstream.

It is important to thoroughly clean your skin at your chosen injection site.

You can use spray and wipe or soapy detergent and water to clean the surfaces where you prepare your hit. This removes viruses, bacteria and dirt from your injecting environment.

Alcohol pads and swabs also work well. Only wipe in one direction once – not in a circular motion – to remove the dirt and germs from your skin, it is best to wait 30 seconds before injecting so the skin is dry.

Cleaning the skin before injecting is one of the most important things to do to reduce your risk of endocarditis (heart infection), blood poisoning and other infections.

And always remember: use a new fit for every hit. Always inject yourself if possible.

### Mixing

Use a clean swab to wipe your spoon firmly in one direction. Avoid rubbing the swab up and down; because if germs avoid the alcohol or aren't killed, they could still be there.

Put your drugs in the spoon. If you're unsure about the quality, start with only a small amount (test dose).

If you're sharing a mix as a group, everyone should have new sterile needles and syringes every time. Never let used equipment come anywhere near a group mix. You can mark your own equipment or use different coloured needles so you don't confuse them with someone else's.

QuiHN provides free sterile injecting equipment. Contact us about postage costs if you can't access a Needle and Syringe Program directly.

Use a clean needle and syringe to draw the water up. Sterile water for injection or water that has boiled for 10 minutes and cooled – is best. Bottled water is not always sterile, and can have impurities.

Add the water to the spoon and mix. If you use the blunt end of the barrel to mix your drugs, make sure it's clean.

Draw your mix up through a filter to remove particles and impurities. Wheel filters are best.

You don't need to remove all air bubbles but if you want to reduce the amount of air, point the needle skywards and flick the side with your fingernail. Push the plunger slowly until the air bubbles release through the eye of the needle.

### Injecting

Avoid touching anything you haven't cleaned until you've finished injecting.

If you need a tourniquet to find veins, place the tourniquet around your upper arm or above the potential injection site. Elastic tourniquets are best, as using a shoelace or belt can twist veins.

With a clean swab, firmly wipe the injection site once.

Put the needle in your arm at a less than 45-degree angle to the skin surface with the hole facing up. It should be in line with the vein in a direction that comes back towards the heart. Sometimes blood appears in the syringe after the needle is inserted in the vein.

Pull back the plunger and blood should appear. If it doesn't, then the needle is not in the vein.

When you're certain the needle is in the vein, loosen the tourniquet and slowly inject the drugs.

If you feel pain or resistance, you may not be in the vein and you'll need to start over. (If you hit an artery, it will be painful with bright red blood under more pressure. It will take longer to stop the bleeding and will do more damage if you inject into it.)

Remove the needle slowly, keep your arm straight and apply pressure to the injection site for a couple of minutes.

### Cleaning up

Dispose of rinsing water immediately.

Put your needle and syringe in a disposal sharps container or childproof, puncture-proof container, not a glass jar.

Whenever possible, return your disposal container to your most convenient needle and syringe program.

Put swabs, filters and opened water ampoules in the disposal container or inside multiple plastic bags before placing them in the rubbish bin. Dispose of everything that has been used and opened.

Clean up any surface blood spills with spray and wipe or soapy water.

Wash your spoon and your tourniquets afterwards.

Wash your hands thoroughly with soap and warm water. If you can't, use new swabs to clean them. Wipe with the swabs in one direction.

### When to get help

Get help if the area around the injecting site is raised, red, hot and painful.

Or if you have accidentally been pricked by someone else's used needle go to your doctor as soon as possible (or hospital if you can't get in).

Go to your local Emergency Department immediately if:

- You have a painful, heavy, swollen and/or dead leg, which is a sign of Deep Venous Thrombosis DVT
- You have hit an artery and the bleeding last for longer than five minutes
- Your arm or leg is white, cold, or there is a loss of sensation

**VISIT YOUR LOCAL QUIHN NEEDLE AND SYRINGE PROGRAM FOR SAFER INJECTING EDUCATION AND FREE STERILE EQUIPMENT. WE ARE ALWAYS KEEN FOR A CHAT!**

ARM: BEV STEWART



WORDS BY  
MELINDA S

# LIFE'S PROGRESSION POEM

## **I'm broken,**

Don't know where to turn anymore,

## **I'm broken,**

In front of you staring at the floor,

## **I'm broken,**

My body's always keeping the score,

## **I'm broken,**

My head is fighting a constant war,

## **I'm healing,**

You looked around and said come here,

## **I'm healing,**

You glean my words with a listening ear,

## **I'm healing,**

Calmly let me reveal deep fear,

## **I'm healing,**

You led me down which path to steer,

## **Just watch me,**

Walk around with my head held high,

## **Just watch me,**

Lift my wings so I soar and fly,

## **Just watch me,**

No more on this ground will I lie.

## **Just watch me,**

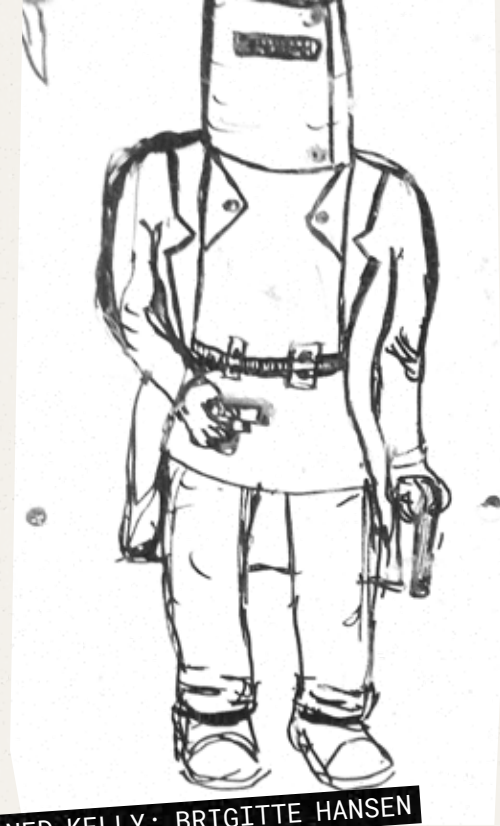
Emerging from chrysalis as  
a radiant butterfly,

## **Just watch me.....**



UNNAMED: JASON CUTTING





NED KELLY: BRIGITTE HANSEN

WORDS BY  
T.U.S ~ (THE UNFORGIVEN SOUL)©  
HARDBALL INSPIRATIONS ©  
B.J.C.HALL - 24/01/2023

# PRISONER

I've spent so much time trying to find,  
Certain answers that I once sought,  
In my own mind trying to define,  
Validation for the things I've thought.

Full of my hurt I questioned my worth,  
And why I was never enough,  
Never put first or second or third,  
Why was loving me so tough.

I'd rack my brain while going insane,  
Alone and misunderstood,  
But the fact remained I couldn't explain,  
And most probably I never would.

Spending way too long holding on,  
To everything that was never for me,  
Getting every choice wrong I stumbled along,  
Hopeless with no faith to believe.

Lost and blind I was somewhere in time,  
Where I never did really fit in,  
So many pieces of mine I left behind,  
Until I had nothing left to give...

... These days though I still don't know,  
The answers to the questions I've asked,  
So I've just let go and accepted my road,  
And the fact that I'll always be put last.

I've set down my heart and embraced my dark,  
I've removed the tear ducts from my eyes,  
My brand new start of finding a home in a heart,  
Was only a dream that was destined to die.

I'm the Unforgiven Soul and I'm getting too old,  
To be believing in a fairytale love,  
I've grown too cold for warm hands to hold,  
And resentment infiltrates my blood.

Now I call no ones name when in my pain,  
No more questions I bother to ask,  
The more things change they remain the same...  
... I'm a "Prisoner" of my own past.

...Validation...

A RANDOM ART: NIKKI MAY





# WHAT IS RYAN'S RULE?

We know our bodies better than anyone – we can usually determine when something doesn't feel right. People who use drugs continuously face stigma and discrimination in the world, but especially when it comes to hospitals and health care.

If you or someone you love is admitted to hospital and you receive a response from a nurse or doctor that you are unhappy with or you believe warrants further investigation - you can request a Ryan's Rule Clinical Review and by law, a nurse or doctor will review you or the patient.

Ryan's Rule was developed due to the heart-breaking story of a little boy (Ryan Saunders) who's tragic death in 2007 was believed to be preventable. Ryan was nearly three years old when he died in hospital from an undiagnosed Streptococcal infection which led to Toxic Shock Syndrome. Ryan's parents knew their little boy's health was deteriorating and despite voicing this several times to hospital staff, their concerns were not taken seriously or acted upon in time and the little boy lost his life.

Ryan's Rule applies to all patients admitted to any Queensland hospital. Ryan's Rule is not for reporting complaints.

## When to use Ryan's Rule

If you are a patient and you feel like you are getting worse and you are worried

- If you or the patient shows any behaviour that is not normal for them
- If you or the patient feel their concerns are not being heard or acted upon
- If you or the patient is looking worse or is not doing as well as expected.



## How to use Ryan's Rule

(Ryan's Rule is a three-step process)

### STEP 01.

Talk to a nurse or doctor about your concerns. If you are not satisfied with the response-

### STEP 02.

Talk to the nurse in charge of the shift. If you are still not satisfied with the response

### STEP 03.

Phone 13 HEALTH (or ask a nurse and they will call on your behalf).

Provide the following information -

- Hospital name
- Patient's name
- Ward and bed number (if known)
- A contact phone number

A Ryan's Rule nurse or doctor will clinically review you or the patient and assist you.

## Who can use Ryan's Rule?

- Patients
- Families and loved ones of someone in hospital.
- Carers of someone in hospital

For more information about Ryan's Rule you can call 13HEALTH or talk to QulHN staff





HAVE YOU

Injected substances  
in the last 12 months?

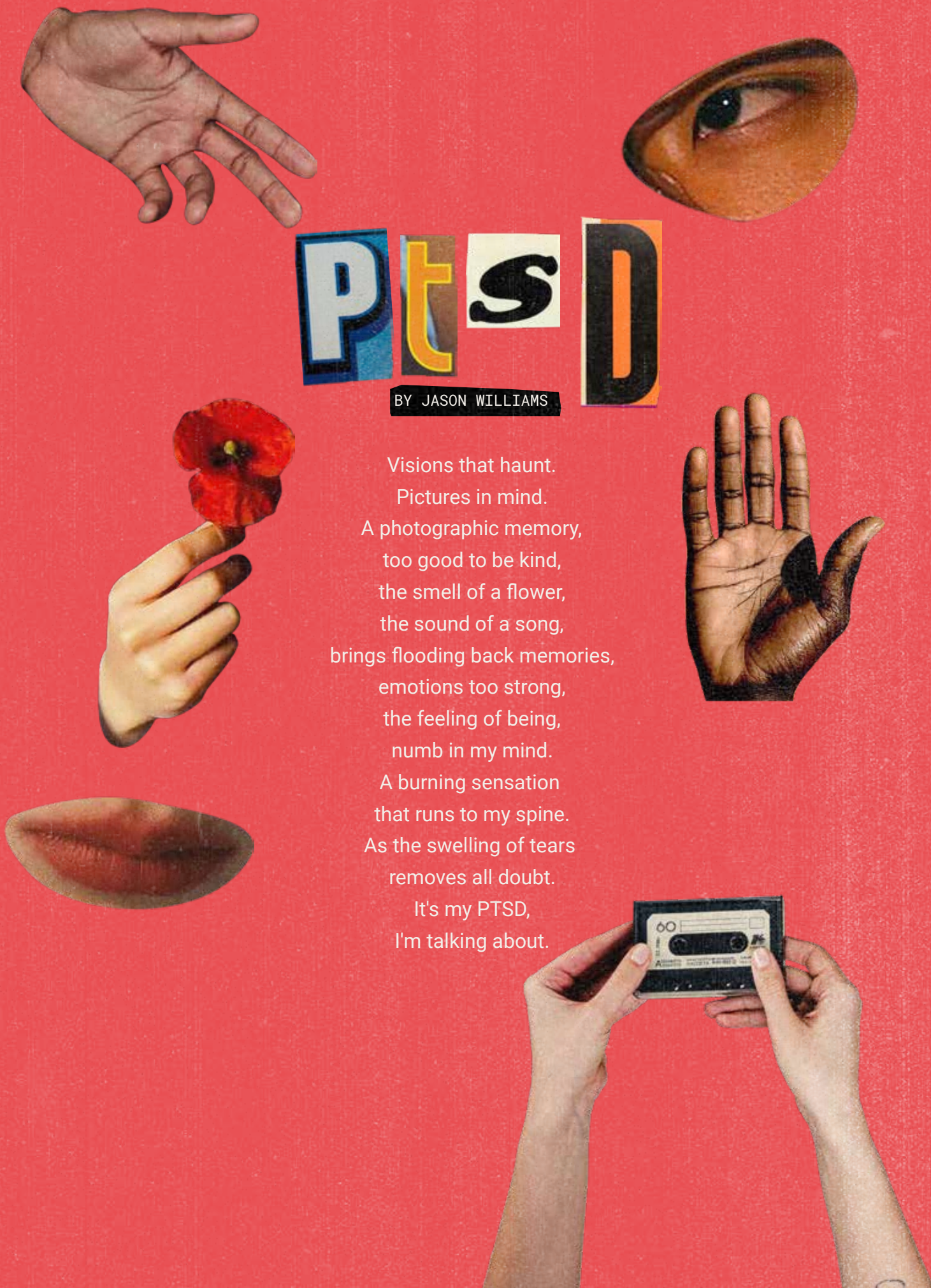
OR

Recently been in jail?

GET TESTED  
FOR HEP C!

It's quick, easy and **free** at  
QuiHN. You'll get **results**  
back in **under an hour**.

Treatment for Hepatitis C is a  
short course of medication, our  
Nurse Practitioners and Harm  
Reduction Workers can support  
you through the process.



PTSD  
BY JASON WILLIAMS

Visions that haunt.  
Pictures in mind.  
A photographic memory,  
too good to be kind,  
the smell of a flower,  
the sound of a song,  
brings flooding back memories,  
emotions too strong,  
the feeling of being,  
numb in my mind.  
A burning sensation  
that runs to my spine.  
As the swelling of tears  
removes all doubt.  
It's my PTSD,  
I'm talking about.



# STAGES OF CHANGE

This content has been adapted from the Breakthrough Our Way Handout Booklet with the permission of the Queensland Aboriginal and Islander Health Council.

## The stages of change model is a way of understanding behaviour change.

Behaviour changes don't usually happen quickly and The Stages of Change Model doesn't always happen in order, we can even be in two stages at once.

Progress on this model is generally on an upward spiral. Meaning even if we move to a stage we have been to before, we have more experience and a new perspective and the opportunity for growth.



## What are the stages?

### 01. NOT WORRIED

The person is not ready for change, which can cause conflict and chaos. Families often feel scared, and angry.

#### What can you do?

Build on your relationship. Avoid arguing and growling, learn about the drug. Look at ways to help keep them safe.

### 02. THINKING

The person is struggling between wanting to change and wanting to stay the same. Families often feel frustrated, or that they are being lied to.

#### What can you do?

Keep yarning with them. Keep the relationship strong. Do not rush them. Accept they may not be ready just yet, but let them know that change is possible. Be supportive.

### 03. TRYING

The person has decided that they want to make the change one step at a time.

#### What you can do?

Remind them you believe in them and how important they are to the family. Help with problem solving. Identify who can support them (e.g. family, friends, health services).

### 04. DOING

The person is making the change. Everyone is feeling hopeful and nervous, this is shaky ground.

#### What can you do?

Acknowledge the steps they have taken towards healing and the strength it's taken to get here. Help keep them busy (e.g. return to country and cultural practice, self-reflection, good food, exercise and hobbies, music).

### 05. STICKING TO IT

The change is lasting. Families are feeling more confident.

#### What you can do?

Praise them, continue to encourage them on their healing journey. Remind them they are an important connection to the family.

### 06. OOPS! LEARNING...

The person has had a slip-up. Family members may feel scared and/or angry. "Here we go again!"

#### What you can do?

Try not to panic, try not to get wild and growl. This is a learning curve for everyone. Continue to encourage and support them in THEIR journey to get back on track – everyone makes mistakes.





# MEET JACQUI... ONE OF OUR OUTREACH LEGENDS

At QulHN, outreach is a big part of what we do. Jacqui is an outreach worker based in Brisbane. She spends her week travelling around in 'Molly', the QulHN outreach truck. Accompanied by a nurse, Jacqui hits the streets of Brisbane in the truck and offers assistance and support to people who are homeless and some of the most marginalised people in society.

## What are some of the things you guys provide?

We provide general health and welfare checks, flu vaccinations, referrals, connection, support and more. Where possible, we provide assistance with food, (providing frozen meals) BBQs and food vouchers. We also provide assistance to people with pets.

## Who do you meet out in the truck?

Jacqui says they meet all sorts of people, but they generally tend to focus on visiting homeless communities – seeing people who can't really afford to visit a doctor or who might not be able to make it to appointments. For many of the people she sees, health is not a huge priority, survival is. So unfortunately, transient folks sometimes let their health go by the by and they stop caring altogether sometimes. One of the sad realities Jacqui explains, is that we will often hear, "I just wish I'd died last night" because they can't continue to live their lives homeless or without any support. The sad reality is that it's gotten really bad for many for the folks Jacqui encounters and some of them have given up hope.

Jacqui is determined to make a difference though and has partnered with other NGOs, church and community groups to help fund wish lists and people's requests so they can provide people with what they really need. Jacqui says seeing her clients is the best and the hardest parts of the job – seeing people deteriorate because they are living so rough is terribly sad but for every client they do help – seeing their faces and knowing she is providing them with a bit of support is one of the best parts of the job.

I asked Jacqui approximately, what proportion of her clients were people who used substances and she claimed around 60-70% of her clients have some sort of dependency on drugs or alcohol. But she says it's not her job to persuade people to get help for substance use disorders – she claims people come to them when they are ready and when they do - Jacqui is able to refer them to QulHN or other services.

Jacqui says meeting up with her regular clients and seeing their faces light up when they recognise the truck, along with being able to provide people



with things they need are the best parts of the job.

Sometimes it's just the simple things though - Jacqui explained that she recently purchased a little Bluetooth speaker that she takes out in the truck with her.

I asked her if she cranks the tunes when she's out and whether the clients like her music or not.

She said, "we absolutely crank the tunes, I'm always rocking them! But I fight with the nurse over what to listen to" - Jacqui says lightheartedly, "I'm a fan of R&B and that doesn't always go down well with everyone." But she persists. She said, "You know my moto is, we go out there and try and spread a little bit of sunshine where we can- a little bit of happiness and we try and join people in their space and offer them a bit of support and to get health checks if they want it. Sometimes we have to gently encourage people to join us in the truck - we reassure them that we are a safe space and let them know that we are there for them and that we really do care. With a bit of persistence, we are able to establish a bit of a rapport and trust and that makes it all worthwhile".

Jacqui realised early on that to do effective outreach, she had to determine what clients really needed- and it was the practical items that people valued the most. Jacqui explained that she encountered people who were homeless and had pets - would take food for their animals before they would take food for themselves, so Jacqui reached out to groups like Angel Paws and inquired about working together - Jacqui was successful in her endeavours and was able to get donations of food and pet vaccinations for free which she was able to offer her clients. Jacqui discovered that clients also needed things like solar power portable showers and raincoats and she was able to get funding for these items in order to give her clients what

they actually really needed and asked for.

Jacqui recently decided to invest in a little gas cooker to cook the occasional barbie. She says this helps us bond with people... "I'll put the tunes on, then I'll make them like a little hot dog, while the nurse is checking them in the truck, and I might even sing them a tune." She says the people they visit love seeing them, and they have built a rapport with many of them and that enables Jacqui and her co-workers to provide her clients with healthcare, support and connection.

## **"I am in love with my job and what I do. It fills my soul."**

At Christmas time last year, Jacqui visited one of her regular outreach locations- which is a large homeless community of people based out near Woodford, not far from Brisbane. She said most people in this area live in their cars and in tents, but it is a real community and people look out for each other. She explained, "we took the truck out there with some Christmas gifts and food and to do our thing and offer health support and we ended up all sitting down and singing together and someone even bought out a guitar." Jacqui described the day as 'beautiful' and she was especially touched when someone from the community got up and said, "On behalf of the Cruise Park people, we'd like to thank you for coming out today." Jacqui says its stuff like that that makes her job worthwhile. "I am in love with my job and what I do. It fills my soul." Visiting and helping some of the most marginalised people in society then experiencing their gratitude - she claims, "fills my bucket. It's rewarding and I'm in it for the long haul."

### Fingerprints

Fingerprints are unique.  
Not one person has the same.  
Society's ego-driven values.  
My story goes in vain.  
No one wants to listen.  
No one wants to know.  
The system has me silenced.  
Undervalued and unheard.  
What keeps me going?  
What hope is there left?  
Someone to hear my voice.  
To hear what feelings, I have left.  
Thoughts, decisions and actions.  
Society's one-sided reaction.  
Someone to finally realise.  
Fingerprints are unique.  
Not one person has the same.

POEM BY  
LUKE RYAN





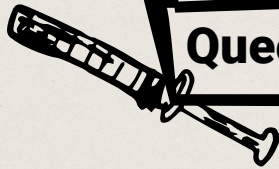


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## NEEDLE & SYRINGE PROGRAM LOCATIONS

### QuiHN Brisbane

1 Hamilton St, Bowen Hills QLD 4006  
07 3620 8112 / Mon-Fri 9am – 7pm

### QuiHN Cotton Tree

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

### Biala

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

### QuiHN Gold Coast

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

### QuiHN Townsville

47 Thuringowa Dr,  
Kirwan, Townsville 4185  
(07) 47358 828 / Mon-Fri 9am – 5pm

### QuiHN Southport

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

### QuiHN Burleigh Heads Gold Coast

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



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