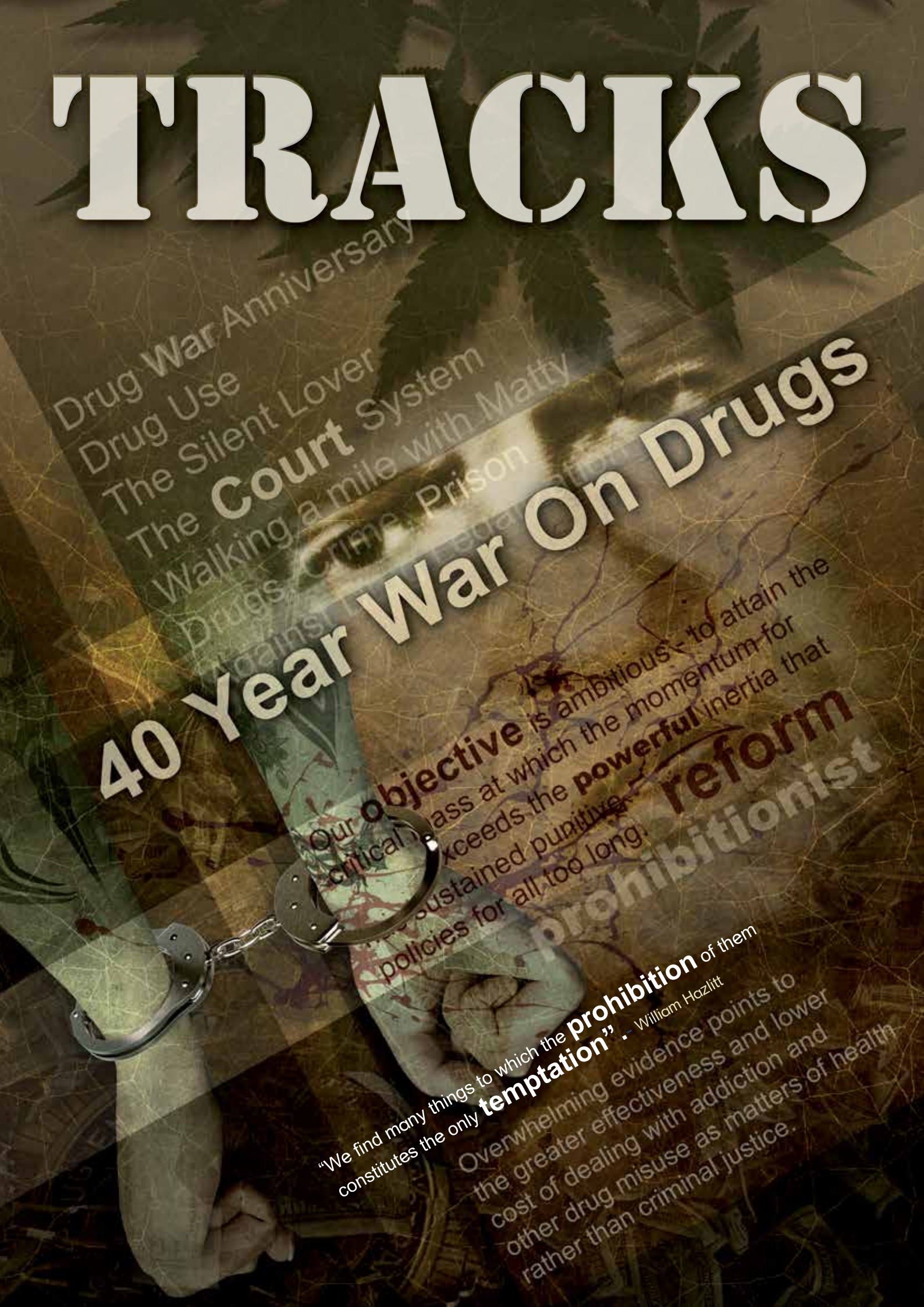
TRACKS


Drug War Anniversary
Drug Use
The Silent Lover
The Court System
Walking a mile with Matty
Drugs, Crime, Prison
40 Year War On Drugs
Our objective is ambitious - to attain the critical mass at which the momentum for reform exceeds the powerful inertia that sustains punitive policies for all too long.
Prohibitionist
"We find many things to which the prohibition of them constitutes the only temptation". - William Hazlitt
Overwhelming evidence points to the greater effectiveness and lower cost of dealing with addiction and other drug misuse as matters of health rather than criminal justice.

Tracks Illicit Drug Users Magazine
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QuIHN'S VISION
An affirming holistic response to the health and well being of illicit drug users in Queensland.

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

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

Training and education are provided to clients, professionals and the wider community in regard to illicit drug use, through peer education, outreach, group education and staff training. Information and resources are provided through QuIHN's website, brochures, magazines and NSPs. QuIHN is the Queensland member organisation of the Australian Injecting & Illicit Drug User's League (AIVL).

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QuIHN Cairns	07 4051 4742

WE WANT YOUR FEEDBACK!
We welcome feedback on 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, using the details above. You can also lodge feedback using our website, or download a form from there to fill in. You can choose to remain anonymous.

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

From the Editor

June this year is a holds a special annivesary: a forty years since president Nixon declared a 'War' on Drugs. It is with this event in mind that our editorial team compiled a host of articles.

Ethan Nadelmann's *'A Time for reflection and Action'* seems like the sort of article that should take the opening place and set the stage for argument against the socio-political nature of this war.

On page 5 you will find out that it is not a crime to use drugs if you live in... Portugal. It is interesting how the Portugese government implemented a program that might be an interim step on the way to legalize drugs or end the war on drugs in a civilised manner.

If you want to know how, when, where and why the war on drugs started then the *'40 Year War On Drugs'* article will shed some light.

An interview with Matty (page 13) gives you, our reader, a first person account about the drug situation accross Europe. If you wondered whether locking people up for drug related crime is fixing the problem, or creating a bigger one the 'Drugs, Crime, Prison' article on page 16 has some relevant statistics.

There are voices that speak out for the War on Drugs and they have a right to be presented here. A message from the Drug Enforcement Administration and a Position Statement from Drug Watch International on pages 18 and 20 (respectively) bring in the counter arguments against the legalization of illicit drugs. As always we publish a few poems written by our clients and readers like you.

Tracks magazine wouldn't be complete without a health promotion or harm reduction message, which in this issue is provided with the courtesy of Hepatitis Queensland. This article tackles the treatment process for chronic hepatitis C as well as a comparison of the hepatitis A, B and C viruses. You can pull this information out of the magazine as these are the center pages. On the inside of the pullout we give you a graphical representation of how the court system works in Australia. Stay safe and enjoy the read!

Editorial Team

"If the government can't keep drugs away from inmates who are locked in steel cages, surrounded by barbed wire, watched by armed guards, drug-tested, strip-searched, X-rayed, and videotaped – how can it possibly stop the flow of drugs to an entire nation?" –

~Ron Crickenberger

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A Time for Reflection and Action

by Ethan Nadelmann

Drug War

Some anniversaries provide an occasion for celebration, others a time for reflection, still others a time for action. June 2011 marks forty years since President Nixon declared a "war on drugs," identifying drug abuse as "public enemy No. 1." As far as I know, no celebrations are planned. What's needed, indeed essential, are reflection -- and action.

It's hard to believe that Americans have spent roughly a trillion dollars (give or take a few hundred million) on this forty-year war. Hard to believe that tens of millions have been arrested, and many millions locked up in jails and prisons, for committing nonviolent acts that were not even crimes a century ago. Hard to believe that the number of people incarcerated on drug charges increased more than ten times even as the country's population grew by only half. Hard to believe that millions of Americans have been deprived of the right to vote not because they killed a fellow citizen or betrayed their country but simply because they bought, sold, produced or simply possessed a psychoactive plant or chemical. And hard to believe that hundreds of thousands of Americans have been allowed to die -- of overdoses, AIDS, hepatitis and other diseases -- because the drug war blocked and even prohibited treating addiction to certain drugs as a health problem rather than a criminal one.

Reflect we must on not just the consequences of this war at home but abroad as well. The prohibition-related crime, violence and corruption in Mexico today resemble Chicago during alcohol Prohibition -- times fifty. Parts of Central America are even more out of control, and many Caribbean nations can only hope that they are not next. The illegal opium and heroin markets in Afghanistan reportedly account for one-third to half of the country's GDP. In Africa, prohibitionist profiteering, trafficking and corruption are spreading rapidly. As for South America and Asia, just pick a moment and a country -- and the stories are much the same, from Colombia, Peru, Paraguay and Brazil to Pakistan, Laos, Burma and Thailand.

Wars can be costly -- in money, rights and lives -- but still necessary to defend national sovereignty and core values. It's impossible to make that case on behalf of the war on drugs. Marijuana, cocaine and heroin are effectively cheaper today than they were at the start of the war forty years ago, and just as available now as then to anyone who really wants them. Marijuana, which accounts for half of all drug arrests in the United States, has never killed anyone. Heroin is basically indistinguishable from hydromorphone (aka Dilaudid), a pain medication prescribed by physicians that hundreds of thousands of Americans have consumed safely.

The vast majority of people who have used cocaine did not become addicts.

Each of these drugs is less dangerous than government propaganda claims but sufficiently dangerous that they merit

Anniversary

intelligent regulations rather than blanket prohibitions.

If the demand for any of these drugs were two, five or ten times what they are today, the supply would be there. That's what markets do. And who benefits from persisting with doomed supply control strategies notwithstanding their evident costs and failures? Basically two sets of interests: those producers and sellers of illicit drugs who earn far more than they would if their product were legally regulated rather than prohibited; and law enforcers for whom the expansion of prohibitionist policies translates into jobs, money and the political power to defend their self-interests.

Republican and Democratic governors confronting massive state budget deficits are now endorsing alternatives to incarceration for nonviolent drug law offenders that they would have rejected out of hand just a few years ago. It would be a tragedy, however, if these modest but important steps result in nothing more than a kinder, gentler drug war. What's really needed is the sort of reckoning that identifies as the problem not just drug addiction but prohibition as well - and that aims to reduce the role of criminalization and the criminal justice system in drug control to the maximum extent possible while enhancing public safety and health.

What better way to mark the 40th anniversary of the war on drugs than by breaking the taboos that have precluded frank assessment of the costs and failures of drug prohibition as well as its varied alternatives. Barely a single hearing, audit or analysis undertaken and commissioned by the government over the past forty years has dared to engage in this sort of assessment. The same cannot be said of the wars in Iraq or Afghanistan or almost any other domain of public policy. The war on drugs persists in good part because those who hold the purse strings focus their critical attentions only on the implementation of the strategy rather than the strategy itself.

The Drug Policy Alliance (DPA) and our allies in this rapidly growing movement intend to break that tradition of denial -- by transforming this anniversary into a year of action.

Our objective is ambitious - to attain the critical mass at which the momentum for reform exceeds the powerful inertia that has sustained punitive prohibitionist policies for all too long.

This requires working with legislators who dare to raise the important questions, and organizing public forums and online communities where citizens can take action, and enlisting unprecedented numbers of powerful and distinguished individuals to voice their dissent publicly, and organizing in cities and states to instigate new dialogues and directions in local policies.

Count on five themes to emerge over and over during this anniversary year.

1. Marijuana legalization is no longer a question of whether but when and how. Gallup's polling found that 36% of Americans in 2005 favored legalizing marijuana use while 60% were opposed. By late 2010, support had risen to 46% while opposition had dropped to 50%. A majority of citizens in a growing number of states now say that legally regulating marijuana makes more sense than persisting with prohibition. We know what we need to do: work with local and national allies to draft and win marijuana legalization ballot initiatives in California, Colorado and other states; assist federal and state legislators in introducing bills to decriminalize and regulate marijuana; ally with local activists to pressure police and prosecutors to de-prioritize marijuana arrests; AND assist and embolden prominent individuals in government, business, media, academia, entertainment and other walks of life to publicly endorse an end to marijuana prohibition.

2. Over-incarceration is the problem, not the solution. Ranking first in the world in both absolute and per capita incarceration is a shameful distinction that the United States should hasten to shed. The best way to address the problem of over-incarceration is to reduce the number of people incarcerated for non-violent drug law violations -- by decriminalizing and ultimately legalizing marijuana; by providing alternatives to incarceration for those who pose no threat outside prison walls; by reducing mandatory minimum and other harsh sentences; by

addressing addiction and other drug misuse outside the criminal justice system rather than within it; and by insisting that no one be incarcerated simply for possessing a psychoactive substance, absent harm to others. All this requires both legislative and administrative action by government, but systemic reform will only happen if the objective of reducing over-incarceration is broadly embraced as a moral necessity.

3. The war on drugs is "the new Jim Crow." The magnitude of racial disproportionality in the enforcement of drug laws in the United States (and many other countries) is grotesque, with African Americans dramatically more likely to be arrested, prosecuted and incarcerated than other Americans engaged in the same violations of drug laws. Concerns over racial justice helped motivate Congress to reform the notorious crack/powder mandatory minimum drug laws last year but much more needs to be done.

Nothing is more important at this point than the willingness and ability of African American leaders to prioritize the need for fundamental reform of drug policies. This is no easy task given the disproportionate extent and impact of drug addiction in poor African American families and communities. But it is essential, if only because no one else can speak and act with the moral authority required to transcend both deep seated fears and powerful vested interests.

4. Politics must no longer be allowed to trump science - and compassion, common sense and fiscal prudence - in dealing with illegal drugs.

Overwhelming evidence points to the greater effectiveness and lower cost of dealing with addiction and other drug misuse as matters of health rather than criminal justice.

That's why DPA is stepping up our efforts to transform how drug problems are discussed and dealt with in local communities. "Think global but act local" applies to drug policy as much as any other domain of public policy. Of course it would be better if a president appointed someone other than a police chief, military general or professional moralist as drug czar. But what really matters is shifting the locus of authority in city and state drug policies from criminal justice to health and other authorities. And equally important is ensuring that new dialogues about drug policy are informed by scientific evidence as well as best practices from around the country and abroad.

One of our specialties at DPA is getting people to think and act outside the box about drugs and drug policies.

5. Legalization has to be on the table. Not because it is necessarily the best solution. Not because it is the obvious alternative to the evident failures of drug prohibition. But for three important reasons: first, because it is the best way to reduce dramatically the crime, violence, corruption and other extraordinary costs and harmful consequences of prohibition; second, because there are as many options -- indeed more -- for legally regulating drugs as there are options for prohibiting them; and third, because putting legalization on the table involves asking fundamental questions about why drug prohibitions first emerged, and whether they were or are truly essential to protect human societies from their own vulnerabilities.

Insisting that legalization be on the table -- in legislative hearings, public forums and internal government discussions -- is not the same as advocating that all drugs be treated the same as alcohol and tobacco. It is, rather, a demand that prohibitionist precepts and policies be treated not as gospel but as political choices that merit critical assessment, including objective comparison with non-prohibitionist approaches.

So that's the plan. Forty years after President Nixon declared his war on drugs, we're seizing upon this anniversary to prompt both reflection and action. And we're asking all our allies -- indeed everyone who harbors reservations about the war on drugs -- to join us in this enterprise.

Ethan Nadelmann is the founder and executive director of the Drug Policy Alliance.

Source: *The Huffington Post, February 14 2011, accessed via URL link* ***http://www.huffingtonpost.com/ethan-nadelmann/post_1717_b_821935.html*** *Stable URL link:* ***http://www.huffingtonpost.com****: on 15 February 2011.*

Drug use:

It's not a crime if you live in Portugal

Towards the later end of the nineties, problematic drug use in Portugal was escalating. It was not that drug use was prevalent but there were high rates of problematic heroin use and infectious diseases like HIV/AIDS among those who were using. The Portugese government decided to set up an elite committee to solve the problem. The committee was made of top policy makers, judges and health professionals. The committee decided to decriminalise drug use believing addiction to be a health issue rather than a criminal one.

In 2001 the policy was implemented. While it isn't a criminal offence if caught in possession of less than 10 days worth of illicit drugs, using, possession and acquisition of drugs are still illegal acts. The difference is that it is now an administrative offence which no longer results in the offender being sent to gaol. What was introduced was a Commission for the Dissuasion of Drug Addiction (CDTs) which are regional panels made of at least three people including social workers, legal advisors and medical professionals.

If someone is caught in possession of or using illicit drugs, they have to report to a CDT within 72 hours. The goal of the CDT is to dissuade new drug users and encourage dependent drug users to enter treatment. They can use things like fines, community service, entry into treatment or education programs, suspension of professional licenses and bans on certain places. In this common sense approach, dependent drug users are not fined. The CDT should treat every case and person individually. Portugal has increased the number of places in treatment services to support the new system.

The introduction of the decriminalisation of drug use in Portugal with the commission has coincided with a dramatic reduction in opiate-related deaths, heroin use referrals, HIV and other blood borne virus infections and a lessening of the pressure on overloaded prisons. Drug trafficking and dealing is still a criminal offence and police used more resources targeting the importers and big dealers.

In Australia, we have a harm minimisation strategy which now includes a number of court diversion programs. It offers offenders professional health interventions as an alternative to the criminal justice system. The main difference between decriminalisation and Australia's harm minimisation strategy is that

the perception of drug users in Australia is still one of criminals or bad people who should be locked up instead of normal people with a health issue who sometimes need to be supported.

In an ABC interview, when the Portugese Police Commissioner was asked if decriminalisation was working, he said "Definitely, because people are treated in a different way". When he was asked if in 2009, anyone was in jail in Portugal for drug consumption or the personal use of drugs alone, he said "No…that's a health problem not a criminal one". Police resources were shifted from arresting consumers to targeting the traffickers. In Australia in 2009, 64000 people were arrested for drug consumption alone.

Luis Mendao from GAT, an AIDS Advocacy group in Portugal reported that between the late 90s and 2008 there was a big decline in new cases of HIV associated with intravenous drug use from 65% to 18%. Levels of Hepatitis C and B have also decreased.

The big question that we should be asking is "Would we get similar results if we trialled this approach in Australia?". No doubt it is a complex issue but isn't it worth at least starting the debate, in an attempt to improve our society in relation to overdoses, infections, incarceration and access to treatment?

40 Year War On Drugs:
when, where, why!

The TRACKS editorial committee was sitting around the table, discussing and handing out tasks for this issue. I thought someone could do a story on the 40 year drug war, how hard could that be? Right?

Well what I've found on the war on drugs could fill two phone books and still not completely answer all my questions. I hope this answers some of the questions that bounce around our sector. I might add what I discovered was also news to me.

Where: The United States of America, "the land of milk and honey".

When: President Richard Nixon proposed the war on drugs to on 14 Jul 1969 in a message to Congress. It officially became the War on Drugs in Jun 1971 when President Nixon made his famous speech, declaring narcotics to be public enemy No.1. This is what we know.

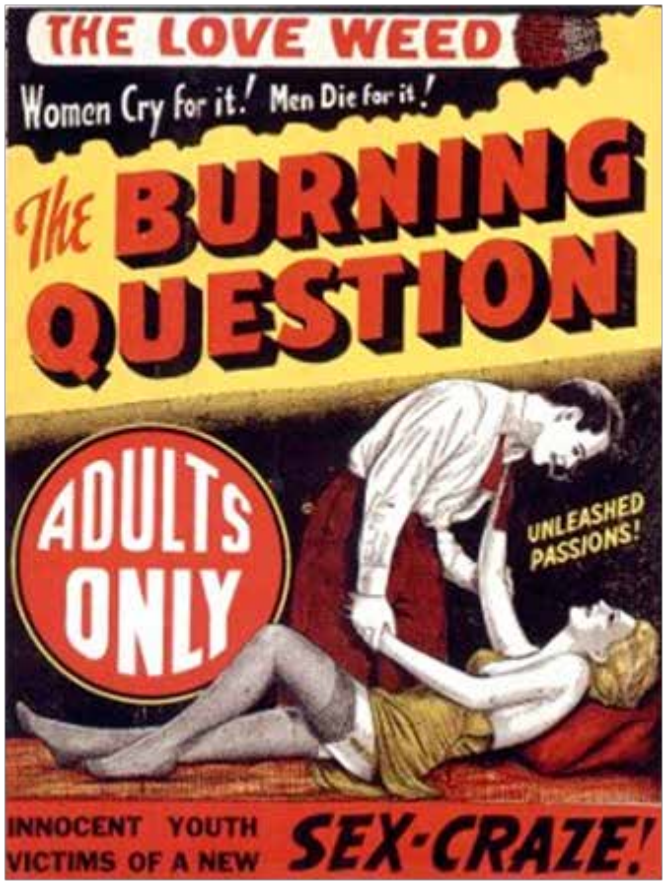
What is not so well known is that the wheels of this deadly era were already in motion by 1912. So deeper I dug and this digging led me to the Rockefeller family and to the why of the matter.

Why: Money, greed and the Rockefeller family.

Here is an exert from an article written by Jean Carter on the driving force of the drug war.

"The war was first begun by Rockefeller Junior, with the help of his father, John D. Rockefeller Senior (1839 to 1937), taking over the control of all legal narcotics. A few years after Rockefeller Junior had taken over the narcotics business market, they then set their sights on eliminating medicinal marijuana (known as cannabis), because it was a competitive threat to their chemically-based pharmaceutical sales.

In addition to the control on narcotics, Rockefeller Junior was also directly responsible for the prohibition of marijuana back during the 1930s, and he was the real reason behind the government-sponsored Reefer-Madness propaganda campaign designed to scare people about marijuana. Rockefeller Junior used as a business tactic the strategy of controlling narcotics by using political influence to get laws passed. He also used the strategy of prohibiting certain medicines, in order to control the entire medical system, which he, with the help of his father was able to accomplish. This was done to insure that the Rockefeller-owned pharmaceutical companies would remain the powerful monopolies that they had become. Hemp/marijuana made plentiful ethanol when distilled and was good for running car engines, generators etc. Hemp/marijuana had many industrial uses such as cloth, paper, ropes, and many, many other uses. Because it made plentiful ethanol it therefore was seen as a competitive threat to the Rockefeller petroleum monopolies, as was the fact that cannabis/marijuana was an excellent natural medicine which presented



a serious threat to the Rockefeller monopoly on chemically-based pharmaceutical sales."

If you're interested in reading the whole unbelievable story it's worth checking out the web site below. Happy cringing.
http://www.rockefellerdrugwars.com/index.html

The movie *"Reefer Madness"* was originally financed by a church group under the name "tell your children". This church group was driven and financed by the Rockefellers. (http://www.washington-drug-defense.com/REEFER_MADNESS)

The 40 year drug war in a nutshell:

1912- First International Opium conference is held. The members were made up of Baptist extremists chosen by the Rockefeller family.
1914- The Rockefellers pretty much control political processes in the United States (by paying for political campaigns on both sides of the fence) and they push for control of all Narcotics and got the Harrison Act passed which was the first of many laws concerning the control of narcotics.
1919- The League of Nations officially comes into existence with the end of World War 1 and the signing of the Treaty of Versailles.
1920- First Narcotics board on the League of Nations created by the Rockefellers.
1930- The League of Nations put Marijuana on their list of prohibited plants. They try to apply this to the whole world.
1933- Sees an end to alcohol prohibition, but not unfortunately drug prohibition. In fact drug prohibition is just gearing up.
1936- The movie Reefer Madness was made and contributed to the dogma surrounding Marijuana.
July 14, 1969: In a special message to Congress, President Richard Nixon identifies drug abuse as "a serious national threat." Citing a dramatic jump in drug-related juvenile arrests and street crime between 1960 and 1967, Nixon calls for a national anti-drug policy at the state and federal level.
June 1971- The "War begins in earnest": Nixon officially declares a "war on drugs," identifying drug abuse as "public enemy No. 1."
1973: Nixon creates the Drug Enforcement Administration (DEA) to coordinate the efforts of all other agencies.
1980: President Reagan turns the war on drugs into a literal war on people i.e. African Americans, Hispanics and people of lower socioeconomic backgrounds.
1984: Nancy Reagan launches her "Just Say No" anti-drug campaign.
1986: Reagan signs the Anti-Drug Abuse Act of 1986, which appropriates $1.7 billion to fight the drug war. The bill also creates mandatory minimum penalties for drug offenses, which are increasingly criticized for promoting significant racial disparities in the prison population because of the differences in sentencing for crack and powder cocaine. Possession of crack, which is cheaper, results in a harsher sentence; the majority of crack users are lower income.
1989: President George H.W. Bush creates the Office of National Drug Control Policy (ONDCP) and appoints William Bennett as his first "drug czar." Bennett aims to make drug abuse socially unacceptable. That same year, Forbes magazine lists Pablo Escobar — known for his "bribes or bullets" approach to doing business — as the seventh-richest man in the world.
2000: President Bill Clinton gives $1.3 billion in aid to Plan Colombia, an effort to decrease the amount of cocaine produced in that nation.

2001: The tide begins to turn (or does it?). In the face of a growing number of deaths and cases of HIV linked to drug use, the Portuguese government in 2001 tried a new tack to get a handle on the problem—it decriminalized the use and possession of heroin, cocaine, marijuana, LSD and other illicit street drugs. The theory: focusing on treatment and prevention instead of jailing users would decrease the number of deaths and infections.
2009: In its 2009 World Drug Report, the UN had little but kind words for Portugal's radical (by U.S. standards) approach. "These conditions keep drugs out of the hands of those who would avoid them under a system of full prohibition, while encouraging treatment, rather than incarceration, for users. Among those who would not welcome a summons from a police officer are tourists, and, as a result, Portugal's policy has reportedly not led to an increase in drug tourism," reads the report. "It also appears that a number of drug-related problems have decreased."
2009: Mexico's federal government passes a law that decriminalizes possession of small amounts of marijuana, as well as cocaine, heroin, meth, and LSD.
2010: The United Nations World Drug Report 2010 estimated "that between 155 and 250 million people, or 3.5% to 5.7% of the population aged 15-64, had used illicit substances at least once in the previous year. Cannabis users comprise the largest number of illicit drug users (129-190 million people). Amphetamine-type stimulants are the second most commonly used illicit drugs, followed by opiates and cocaine." (World Drug Report 2010 Chapter 2 Drug Statistics and Trends).
2011: Former presidents of several countries, former United Nations Secretary General Kofi Anna, former U.S. Secretary of State George Shultz, former U.S. Fed Chairman Paul Volcker and other luminaries will release a new report calling the global "War On Drugs" a failure, and encouraging nations to pursue legalizing and regulating drugs as a way to stop the violence inherent in the illegal drug market.

The former Presidents of Brazil, Colombia, Mexico and Switzerland, and the Prime Minister of Greece will be among the world leaders calling for a paradigm shift in global drug policy.
http://www.tokeofthetown.com/2011/06/world_leaders_encourage_drug_legalization.php

Below is a snap shot of how heroin prohibition has affected Australia.

Before the 1953 law, a heroin addict could get a prescription from his or her local doctor and collect a dose of pharmaceutical-grade heroin, in the form of heroin linctus, from the nearest pharmacy. In 1953, users suffered few indirect side effects from heroin. Property crime linked to narcotics was non-existent and although trafficking in heroin was a criminal offence, there were no prisoners in any Australian jail in relation to drug dealing.

Now under prohibition, heroin will kill about 20 people this week, mainly because of the uncontrolled dosage. Australia's 150,000 addicts and regular users will need, at an estimated $1,000 per head, a massive $150 million this week to feed their habit. This will result in a monstrous amount of muggings, burglaries, armed hold-ups, home invasions, stolen cars and traumatised victims.
http://www.australian-news.com.au/drugs.htm

So now I've thoroughly confused all TRACKS reading peeps, what have we learnt?

The 40 year war in much smaller nutshell:

The war on drugs (regardless of when it started 40 or 100 years ago) had nothing to do with the health needs of society, the wellbeing of people or responding to what citizens wanted. The war on drugs had everything to do with political advancement, the moral standing of the church, the greed of a few wealthy families and the power derived from that greed to be able to tell people how to live and jail citizens that didn't comply.

> The war on drugs helps propel racism. The war on drugs makes criminals rich and turns drug users into criminals.

The war on drugs has increased rather than reduced harms to society in general.

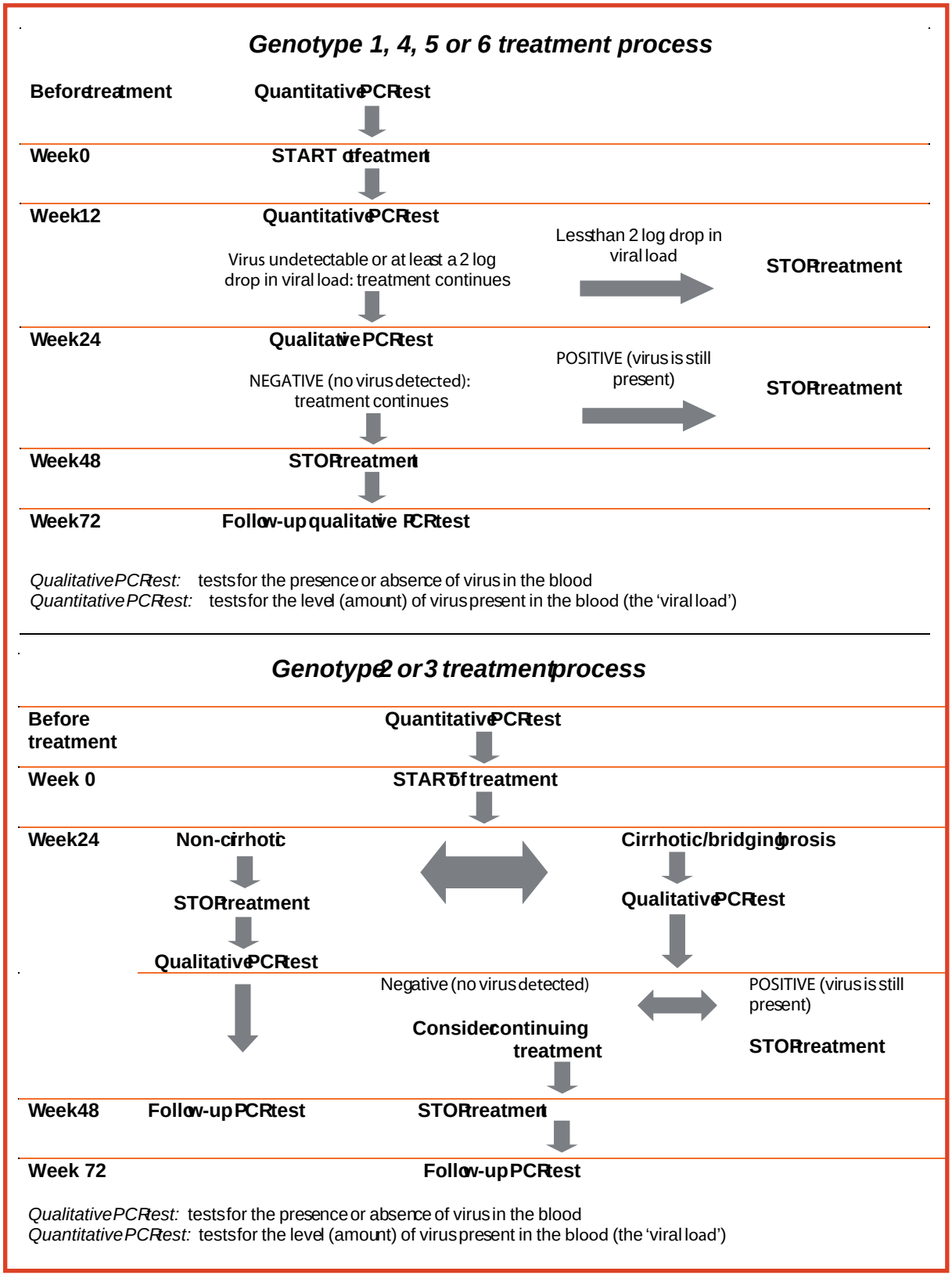
Prohibition does not work.

Treatment process for combination thera

People with genotype (or strain) 1, 4, 5 or 6 who are eligible for 48 weeks of treatment may only continue treatment after the first 12 weeks if the PCR test results show the virus has either:

- Become undetectable; or
- The viral load has decreased by at least a 2 log drop (a 2 log drop means two zeros have been reduced from the viral load measurement).

People with genotype 1, 4, 5 or 6 who are PCR positive at week 12 but have attained at least a 2 log drop in viral load may only continue treatment after 24 weeks if the virus is not detectable by PCR test at week 24. Similarly, people with genotype 2 or 3 with cirrhosis or bridging fibrosis may only continue treatment after 24 weeks if the virus is not detectable by a PCR test at week 24. PCR quantitative tests at week 12 are unnecessary for people with genotype 2 and/or 3 due to their higher likelihood of early viral response.



Side effects

Side effects of treatment can vary from person to person. The side effects can be severe for some people and often last for months following the end of treatment. Interferon can produce side effects such as depression, flulike symptoms, fatigue, skin conditions, insomnia, nausea and joint pain. Ribavirin can also produce side effects such as anaemia (especially in the first few weeks), fatigue, shortness of breath, a mild cough, itchy skin rash and insomnia.

Q & A

Q: What is the Special Circumstances Program?

A: Program designed to provide sentencing options that take in to considerations the reaons why you committed the crime.

Q: Who qualifies for this program?

A: You qualify if you:

- Are Homeless or at risk of being homeless
- Have mental health issues
- Plead Guilty or No Contest
- Have commited a public order, drug, theft, or property damage offence

Q: How do I apply for the program?

A: Contact the Court Liason Office (contact details provided in brochure).

Q: What if I don't attend court?

A: A warrant may be issued by the court to arrest you.

Q: What if I want to quit the program?

A: You can quit the program without penalty. However you will have to re-attend court to be re-sentenced.

GETTING TO KNOW

Special Circumstances Court/Program

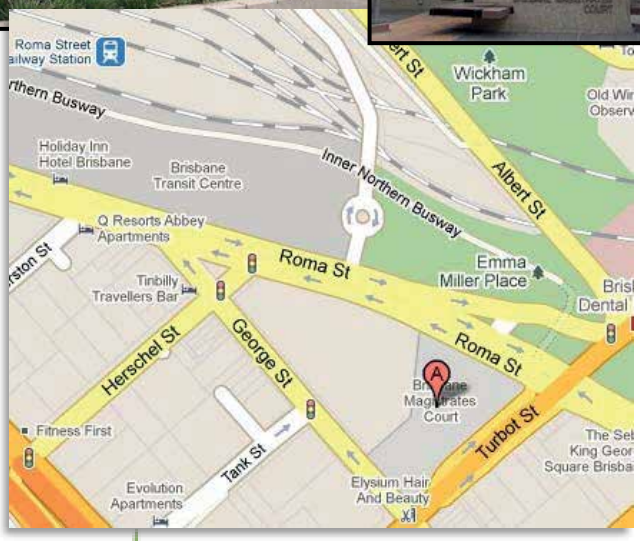
"Helping you make positive changes in your life"

Where To Go?

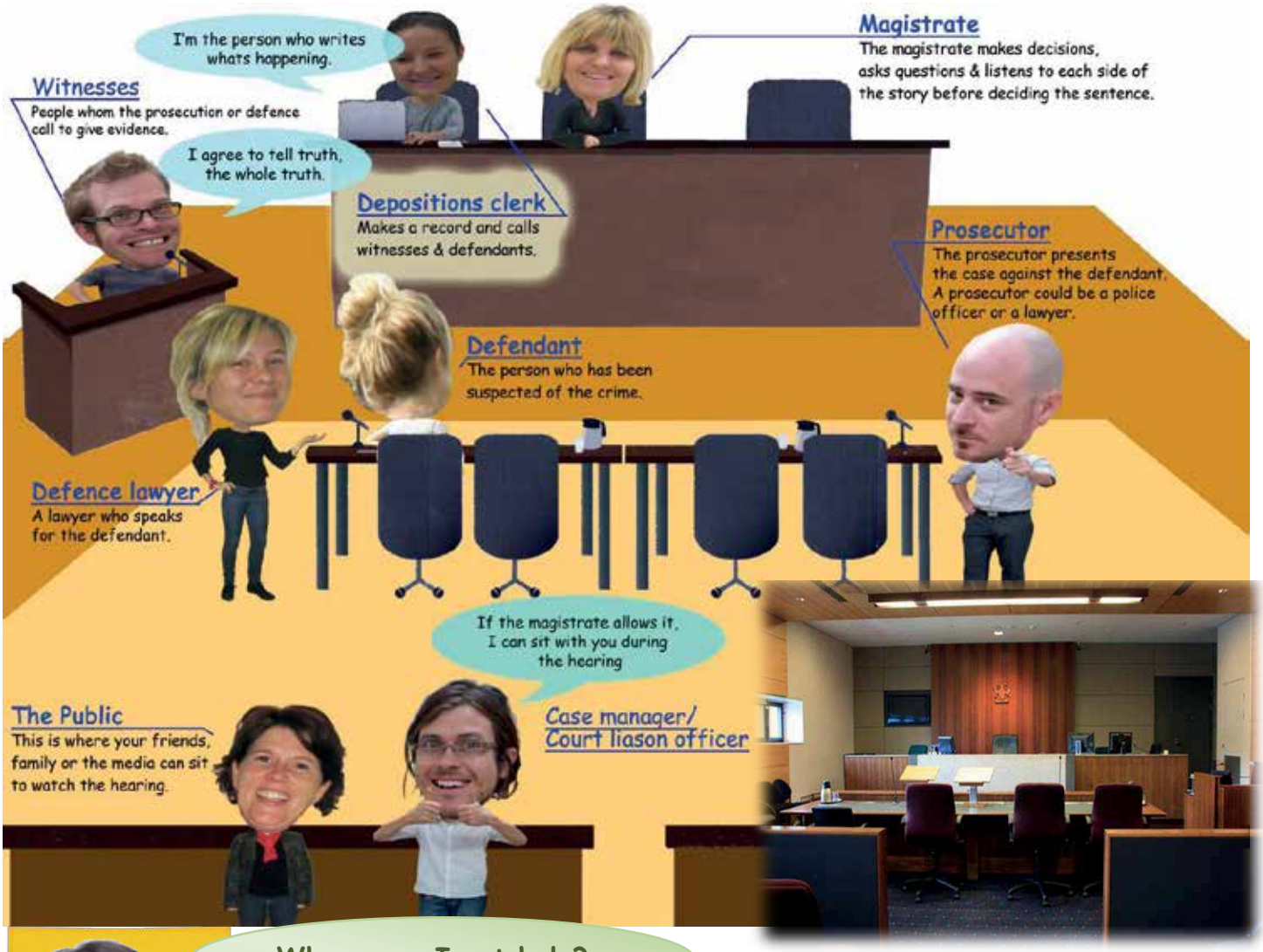
Artwork and concept by OZ.

Brisbane Magistrate Court

Special Circumstances Court



Court 18, 5th Floor
363 George Street, Brisbane, QLD, 4001
Phone: (07) 3247 5598
Fax: (07) 3247 5569
Website: www.courts.qld.gov.au



Where can I get help?

Legal Aid

Contact to apply for free legal representation or for legal advice.
Website: www.legalaid.qld.gov.au
Phone: 1300 651 188 (cost of local call)
Email: feedback@legalaid.qld.gov.au

Court Network

Contact for more information on what happens in court & support.
Website: www.courtnetwork.com.au
Phone: 1800 267 671
Email: brisbane@courtnetwork.com.au

Court Liaison Officer

Contact for support before & during the hearing.
Email: HPCDP@justice.qld.gov.au
Phone number: (07) 3006 2542

RULES BEFORE AND DURING THE COURT

- Dress neatly
- Bags are scanned on the way into the building. Make sure you do not take any sharp/dangerous objects
- Arrive to court on time
- Bring a person for support
- Wait outside the court room until your case is called
- Sit quietly
- Turn off your mobile phone
- No eating, drinking, smoking or chewing gum
- Stand whenever the deposition clerk says 'all rise'. This is when the magistrate enters or leaves the courtroom
- Address the judge as 'your honour'
- Bow your head to acknowledge the court every time you enter or leave the courtroom
- Do not make any audio or visual recordings (unless permitted by a magistrate)

Hepatitis A, B & C Comparison

	Hepatitis A HAV	Hepatitis B HBV	Hepatitis C HCV
What is it?	• A virus that causes inflammation of the liver; • It does not lead to chronic (long term) liver disease	• A virus that causes inflammation of the liver; • Chronic for around 5% of adults who contract HBV; • Chronic for around 90-95% of newborns who contract HBV at birth; • Can lead to cirrhosis and liver cancer in chronic cases	• A virus that causes inflammation of the liver; • Chronic for around 75% of people who contract HCV; • Can lead to cirrhosis and liver cancer in chronic cases
How long is the incubation or window period?	• From 2-7 weeks; • The average is 4 weeks	• From 6-26 weeks; • The average is 8-12 weeks	• From 2-26 weeks; • The average is 6-9 weeks
	Incubation period: from time of exposure until onset of disease *Window period: from time of exposure until antibodies can be detected*		
How is it transmitted?	• By faecal-oral contact; • Contaminated food and water; • Contaminated hand to mouth contact	• Blood-to-blood contact; • Sexual contact; • From a HBV-positive mother to her newborn baby (vertical transmission)	• Blood-to-blood contact; • From a HCV-positive mother to her newborn baby (low risk)
What behaviours place people at risk?	• The unwashed hands of a person with HAV coming into contact with food; • Intimate or sexual contact with a person with HAV (e.g. oral/anal sex); • Travel in developing countries	• Sexual contact with a person who has HBV; • Use of contaminated equipment when injecting drugs; • Skin penetration (e.g. tattooing or body piercing) with contaminated equipment • People born in countries of high HBV background prevalence	• Use of contaminated equipment when injecting drugs; • Skin penetration (e.g. tattooing or body piercing) with contaminated equipment; • Receiving blood products (prior to 1990 in Australia); • People born in countries of high HCV background prevalence
What are the symptoms in acute (short term) infection?	• Adults may have light coloured faeces, dark urine, fatigue, jaundice (yellowing of the eyes and skin), nausea, vomiting, abdominal pain or discomfort and loss of appetite; • Some people, especially young children, may have no symptoms	• Adults may have light coloured faeces, dark urine, fatigue, jaundice (yellowing of the eyes and skin), nausea, vomiting, abdominal pain or discomfort and loss of appetite; • Most people experience some symptoms	• Adults may have light coloured faeces, dark urine, fatigue, jaundice (yellowing of the eyes and skin), nausea, vomiting, abdominal pain or discomfort and loss of appetite; • People may experience a range of symptoms, however they are usually mild
What are the symptoms in chronic infection?	• NONE; • HAV is an acute (short term) infection	• Fatigue, nausea, muscle aches and pains, abdominal discomfort and jaundice	• Fatigue, nausea, muscle aches and pains and abdominal discomfort
What treatment is available?	• Not necessary; • Some people may require hospitalisation if symptoms are severe enough	• Pegylated interferon; • Anti-viral medication; • Some people choose to use complementary therapies for symptom management	• Combination therapy with pegylated interferon and ribavirin; • Some people choose to use complementary therapies for symptom management
Is there a vaccine available?	• Yes; • It is safe and effective	• Yes; • It is safe and effective; • It is part of universal childhood vaccinations	• No available vaccine
What are methods of prevention?	• Vaccination; • Immunoglobulin within two (2) weeks following exposure to HAV; • Washing hands with soap and water after going to the toilet, and before eating or handling food; • If travelling to developing countries, consider vaccination and seek advice on food and water risks	• Avoid blood-to-blood contact; • Vaccination; • Do not re-use or share any injecting equipment; • Immunoglobulin within 72 hours following exposure; • Practice safe sex; • Follow standard infection control precautions; • Avoid sharing personal items, which can transfer blood between people; • Seek medical advice for any accidental exposure	• Avoid blood-to-blood contact; • Do not re-use or share any injecting equipment; • Follow standard infection control precautions for first aid; • Avoid sharing personal items (eg. toothbrushes and razors) which can allow the transfer of blood from one person to another; • Seek medical advice for any accidental exposure

"There are important differences between hepatitis A, B and C, especially in relation to how they are transmitted and the best way to protect yourself from exposure"

For more information www.**hepqld.asn.au** or **Hepatitis Queensland** info line 1800 648 491

An English brother in arms

Walking a mile with Matty

Matty how long have you lived in Australia?

Nine and half years- I got here 5 days before September 11th. I was 25. I'd dropped a handful of E's before I got on the plane so I was coming down as well as jet lagged. It made the plane journey interesting though. The morning of September 11th 2001 my wife woke me up and told me what happened. The whole thing for me was scary and surreal and that's saying something because I grew up with the threat of the IRA on a daily basis and even missed being bombed by 5 minutes but I don't think anyone in modern history had seen something like this or the amount of impact it had and still has on us all.

Where did you grow up?

I grew up in North London but moved to North England in my late teens living in very industrialised areas which are just stricken by drug use.

When, where and what did you start using?

When I was 8 years old I started drinking occasionally when I went to the pub with dad. It was a normal thing in England probably due to the cold weather and the huge pub culture. The pub was a meeting place for all occasions, family get togethers, business deals, drug deals, friends, girlfriends, like I said a meeting place for all. When I was young I would have the odd shandy (Lemonade and beer).

By age 10 I was smoking pot with friends. Not everyone was doing it (just the cool people) but I started to hang with some older West Indies kids and that's how it really started. I was surprised when I came to Australia and saw how accepted pot was by the public. There seemed to be more pot smokers than drinkers over here. I think this is probably because Aussie's can grow it in their backyard, England is cold which makes it hard to grow anything, so most of it's imported. However, the stuff which is imported is of excellent and top quality from Jamaica, Morroco, Lebanon, Thailand etc.

You were pretty young when you started smoking pot at what age did you start using harder drugs?

At 14 because I had older friends I was introduced to the underground rave scene and it wasn't long before someone offered me a trip. WOW I was immediately smitten I thought 'this is wicked' it was like another world, a better world and I wanted to spend as much time in that place as I could. I used to go to school tripping on micro dots. It adds a whole new meaning to open education.

I had my first shot at 17 it was china white heroin. We called it brown (even though it was white). It suited me at the time but it didn't stop me using all other drugs as well. It was the early 90's and the heroin was extremely cheap and there was lots of it around at the time. From my first shot I started using heroin daily. Even though there was plenty around, I could never get enough. Even when I dropped and then woke up

in hospital, it didn't put me off. In a sense I became addicted to overdosing.

So how long did you keep up your daily use?

At 19 I went on the methadone program but I still used on top of that. I was using a gram and a half a day on top of 100mls of methadone, but eventually when I was 20 I went to hospital for 2 weeks and went cold turkey off everything; acid, heroin, dope, benzos, alcohol, coke, MDMA, everything except tobacco.

I'm glad the detox didn't kill you. Did you stop using drugs after that?

No, the day I got out of hospital I went straight to the pub and scored. I stayed away from Heroin for a bit but replaced it with a gram of coke and up to 25 E's a day. I didn't use heroin again until I came to Australia years later and was completely dissapointed by the quality over here.

Did you find drugs easier to access in England than Australia?

Yes a lot easier and better quality and cheaper too. You get a lot more for your money; the sources are also a lot more reliable.

I also had a huge love for all prescription drugs and found scripts in England very easy to get.

My bathroom was like a chemist; every color of the rainbow in pills.

Is drug use more accepted in England?

There's a huge club scene in England so party drugs such as ecstasy, coke, MDMA and speed are much more accepted and by more walks of life. There's certain towns in England that are stricken by heroin use especially towns on the docks where it is brought straight in. This was in the 90's so things could be different now. But generally society accepts drug users as part of the community, as there is a huge drug population.

Did you or your peers ever fall foul of the law in England because of your drug use?

Of course: quite a few times.

What were the consequences?

Some of my mates ended up in jail. I was lucky to be able to talk myself out of most situations whenever the local coppers would hassle me. A while ago when I was dealing heroin I was going out with this girl and one day I was walking down the street and her dad was coming the other way. He stopped me and told me he knew my real name (I always used a nick name in those days). He also told me he knew what I was doing because he had mates in the CID (criminal investigation department) and they had me under surveillance and to stay away from his daughter. As soon as we had that lovely conversation I stopped dealing and seeing his daughter (who needs that aggro).

You have written articles for publications in England, what did you write about?

Yeah I wrote for papers. I submitted freelance independent articles about growing up in the drug scene. My parents didn't use drugs but my dad was an alcoholic (a happy one) but I didn't live with him I lived with my mum and step dad and he was extremely violent. I would say if there was any influencing factors around my drug use it would be the violence I experienced at home and on the streets rather than because my dad drank. If I was drinking or using I would feel safe from the things I couldn't control but wanted to escape from. When I submitted articles I got an excellent response from readers. Parents often e-mailed me asking for advice about their kids who were using drugs. This told me there was a need for family support and education and drug use was definitely on the rise.

Are user groups in the United Kingdom much the same as over here or different?

In the 90's in England there were no user groups to my knowledge, not where I was living anyway.

But the English government is great with giving plenty of grants for projects and programs that drive and instill drug education and harm reduction.

England incorporates a Harm Minimisation policy; did you find this to be true in practice?

Because there were no user groups we used to get our fits from chemists but never with a bin. There were no bins in public toilets. Its different now. I do know in certain areas they now have shooting galleries. I think there's about 270 Needle and Syringe Programs in England now.

Have you lived in or travelled through other countries?

Yep, I used to travel to Amsterdam on a monthly basis to see the windmills and other things. Never quite get around to the windmills though. I lived in Spain for a year. I travelled around France as well for a while.

How did you access drugs when travelling?

Very easily. In Spain drugs were easy to access. In Amsterdam it was hard not to access drugs. France was a little more difficult so I didn't use as much for the 2 months I was there (this is why I was only there for 2 months) but I did drink a lot of French wines, which were wicked; and of course Australia where there is plenty of drugs and it's easy to score.

What were their drug laws like in Spain?

I didn't take any notice I just took the drugs. I think they were pretty relaxed when it came to personal drug use.

Have you been on any pharmacotherapy i.e. Methadone when travelling?

No I haven't. I can't see much fun in that. I just stuck to the street drugs while travelling. I took some acid once before getting on a plane to Sydney, it put a whole new spin on tripping.

How has the American war on drugs effected you personally or hasn't it effected you at all?

No it never really effected me apart from having to stop dealing because my girlfriend's dad hung out with coppers who took a special interest in me and of course also breaking up with her, I didn't feel much impact. For example if you get caught smoking a joint in the street over here you get charged and taken to the watch house, treated like a criminal and slapped with a conviction. In England the coppers would just tell you to put it out and move on. Even in the cells in England friends could visit and bring you some tobacco which may or may not have some pot in there... no problems.

Are you still using?

I went to rehab and while I was there in the 3rd month I started having health issues because of my previous drug use and drinking. This caused me to have epilepsy and also my hipbone began to crumble so I needed an operation. The pain was intense so I was put back on opiates for 18 months. This was something I had to do and thankfully due to the support

I got from the rehab and QuIHN; I managed to not abuse my medication but maintained my proper dose . After the operation my doctor put me on Subutex to come off the Fentanyl. But it was mental torment to have to go back on opiates after working so hard to get off them. But this was karma or consequences or what ever you want to call it for the life and choices I've made.
I'm just happy to still be here as I've died twice from overdose and I have a 8 year old daughter I want to watch grow up.

Do you have any parting words?

I have a quote I try to live by these days.

"WE are all better than we know, If only we can be brought to realize this, we shall settle for nothing less."

Famous Quotes

I don't do drugs. I am drugs.
~Salvador Dali

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

"In Europe, when tobacco was first introduced, it was immediately banned. In Turkey, if you got caught with tobacco, you had your nose slit. China and Russia imposed the death penalty for possession of tobacco."
- Andrew Weil, M.D.

"If the government can't keep drugs away from inmates who are locked in steel cages, surrounded by barbed wire, watched by armed guards, drug-tested, strip-searched, X-rayed, and videotaped – how can it possibly stop the flow of drugs to an entire nation?" –
~Ron Crickenberger

"My work on the environment is so important that I can't take the time off to go to jail for something so trivial as marijuana. But its okay with me if you go."
~Al Gore

Drugs, crime, prison… Drugs, crime, prison… Drugs, crime, prison? So where do we go from here? Is it out of sight out of mind? Is locking people up for drug related crimesfixing the problem, Or creating a bigger one?

Drugs, crime, prison

This article is not about justifying or excusing crime, it's about looking behind the crime and seeing what motivates someone to do it?. Have you ever wondered what goes through someone's mind? Do they just wake up and say 'arhh what a lovely day, I think I might rob a bank'. No, it doesn't usually work that way. Crime can be motivated by a lot of things but drugs can be the main contributing factor. Where is it learnt you ask? Family, peers, partners? Who knows? In that persons reality it is a way to survive. In society, it's an expectation that people grow up, go to university, find a nice partner and the house with the white picket fence and live the great life of "NORMALITY". No sorry, it sometimes doesn't happen like that. We get dealt the cards we are given and I guess it's the luck of the draw. So what happens to the poor bastards who got the joker of the pack? Send them to the good old institutions that are going to fix everyone!

Director of the New South Wales Bureau of Crime Statistics, Don Weatherburn, says it would be more cost effective to provide treatment for those with drug, intellectual and mental health problems.

"We really need to make a determined effort to get those who are in jail for serious offences and do something to address their drug dependence, and make sure we continue doing that once they're released from jail," Dr Weatherburn said. (ABC News, Don Weatherburn)

According to a recent study by 'Bureau of Crime Statistics' Don Weatherburn," 60% of people will reoffend within 15years of being released". It showed that 80% of juvenile s will reoffend also.

Not only is locking people up showing that it's not fixing the problem, its also creating a breeding ground for blood borne viruses and a fantastic networking facility!

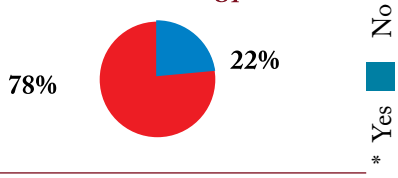
QuIHN Health Promotion team conducted a survey for our clients as well as drug court clients from GCDC to get an inside scoop of what's going on out there! We had a total of 12 participates involved in the survey. The clients were all various ages and at some point in their life had been in prison. Questions included *:

Would you have gone into drug rehabilitation instead of prison?

Did you inject drugs while in prison?

How many people would you say are in prison for drug related crime?

Would you have committed crime if you didn't have a drug problem?



*

SOOOO you've seen the stats, do the math! It's funny how we keep punishing the crimes with out identifying the drug dependency that may be driving people to commit the crime?

Why is that? I suppose if we did start addressing the key issues of why people commit crime MAYBE there wouldn't be a need for SO many police, prisons, customs, alarm systems, CCTV, cameras, safes, court systems, solicitors, the news, TV shows

AND THE LIST COULD GO ON.... and ON!! SHIT! That's a lot of jobs and money that could be lost if MAYBE we did look at addressing some of the key issues of what motivates crime? Hmmm. Something to think about, while we are all watching CSI Miami, RBT highway patrol, NYPD blue, criminal minds, law and order. So there you have it, it's up to you now to form your own opinion on the issue. MAYBE we are scared to stand up and make a change? Or MAYBE money talks bullshit walks? Hmmmm.

Forty year war

The year was 1971
Nixon was President, the war had begun
A war on drugs is what the man said
Arrest those thugs, put this issue to bed
The moralist's cheered, the drug users groaned
"We're not bad we just want to get stoned"
Here's an excuse to lock people up
The blacks, the poor, people doing it tough
Some will get punished others will not
It will depend on the power (and the colour) you've got
Reagan then firmly took the reins
Criminals would never look the same
The jails will now be overflowing
With mums and dads for the pot they've been growing.
Their kids will now be left all alone
Because their parents dared to get stoned
Crime will go up, social stance down
The cops will get work in any town
Alcohol is fine because no one gets hurt
Besides prohibition never really worked
For 40 years now we've lived with this affliction
But nothing has changed except for convictions
Yes 40 years on and what's been the cost
A trillion wasted on a war that is lost
Many have fallen in the name of this war
Yet we still love our drugs; no matter what the score
In 2011 will we open our eyes?
And let people choose if they want to get high
Or will we persist on moral ground?
And continue to lose as we've already found.

Fiona, March 2011

Speaking out

Against Drug

Summary of the Top Ten Facts on Legalization

Fact 1: We have made significant progress in fighting drug use and drug trafficking in America. Now is not the time to abandon our efforts. The Legalization Lobby claims that the fight against drugs cannot be won. However, overall drug use is down by more than a third in the last twenty years, while cocaine use has dropped by an astounding 70 percent. Ninety-five percent of Americans do not use drugs. This is success by any standards.

Fact 2: A balanced approach of prevention, enforcement, and treatment is the key in the fight against drugs. A successful drug policy must apply a balanced approach of prevention, enforcement and treatment. All three aspects are crucial. For those who end up hooked on drugs, there are innovative programs, like Drug Treatment Courts, that offer non-violent users the option of seeking treatment. Drug Treatment Courts provide court supervision, unlike voluntary treatment centers.

Fact 3: Illegal drugs are illegal because they are harmful. There is a growing misconception that some illegal drugs can be taken safely. For example, savvy drug dealers have learned how to market drugs like Ecstasy to youth. Some in the Legalization Lobby even claim such drugs have medical value, despite the lack of conclusive scientific evidence.

Fact 4: Smoked marijuana is not scientifically approved medicine. Marinol, the legal version of medical marijuana, is approved by science. According to the Institute of Medicine, there is no future in smoked marijuana as medicine. However, the prescription drug Marinol—a legal and safe version of medical marijuana which isolates the active ingredient of THC—has been studied and approved by the Food & Drug Administration as safe medicine. The difference is that you have to get a prescription for Marinol from a licensed physician. You can't buy it on a street corner, and you don't smoke it.

"our fight against drug abuse and addiction is an ongoing struggle that should be treated like any other social problem"

Legalization

A Message from the Drug Enforcement Administration

Fact 5: Drug control spending is a minor portion of the U.S. budget. Compared to the social costs of drug abuse and addiction, government spending on drug control is minimal. The Legalization Lobby claims that the United States has wasted billions of dollars in its anti-drug efforts. But for those kids saved from drug addiction, this is hardly wasted dollars. Moreover, our fight against drug abuse and addiction is an ongoing struggle that should be treated like any other social problem. Would we give up on education or poverty simply because we haven't eliminated all problems? Compared to the social costs of drug abuse and addiction—whether in taxpayer dollars or in pain and suffering—government spending on drug control is minimal.

Fact 6: Legalization of drugs will lead to increased use and increased levels of addiction. Legalization has been tried before, and failed miserably. Alaska's experiment with Legalization in the 1970s led to the state's teens using marijuana at more than twice the rate of other youths nationally. This led Alaska's residents to vote to re-criminalize marijuana in 1990.

Fact 7: Crime, violence, and drug use go hand-in-hand. Six times as many homicides are committed by people under the influence of drugs, as by those who are looking for money to buy drugs. Most drug crimes aren't committed by people trying to pay for drugs; they're committed by people on drugs.

Fact 8: Alcohol has caused significant health, social, and crime problems in this country, and legalized drugs would only make the situation worse. The Legalization Lobby claims

drugs are no more dangerous than alcohol. But drunk driving is one of the primary killers of Americans. Do we want our bus drivers, nurses, and airline pilots to be able to take drugs one evening, and operate freely at work the next day?

Do we want to add to the destruction by making drugged driving another primary killer?

Fact 9: Europe's more liberal drug policies are not the right model for America. The Legalization Lobby claims that the "European Model" of the drug problem is successful. However, since legalization of marijuana in Holland, heroin addiction levels have tripled. And Needle Park seems like a poor model for America.

Fact 10: Most non-violent drug users get treatment, not jail time. The Legalization Lobby claims that America's prisons are filling up with users. Truth is, only about 5 percent of inmates in federal prison are there because of simple possession. Most drug criminals are in jail—even on possession charges—because they have plea-bargained down

http://www.justice.gov/dea/demand/speakout/index.html viewed 19 May 2011

Drug Watch International

Position Statement (2001)

AGAINST THE LEGALIZATION OR DECRIMINALIZATION OF DRUGS

The legalization or decriminalization of drugs would make harmful, psychoactive, and addictive substances affordable, available, convenient, and marketable. It would expand the use of drugs. It would remove the social stigma attached to illicit drug use, and would send a message of tolerance for drug use, especially to youth.

Background: Drug legalization or decriminalization is opposed by a vast majority of Americans and people around the world. Leaders in drug prevention, education, treatment, and law enforcement adamantly oppose it, as do many political leaders. However, pro-drug advocacy groups, who support the permissive use of illicit drugs, although small in number, are making headlines. They are influencing legislation and having a significant impact on the national policy debate in the United States and in other countries. The National Organization for the Reform of Marijuana Laws (NORML) is the oldest drug user lobby in the U.S. It has strong ties to the Libertarian party, the Drug Policy Foundation, and the American Civil Liberties Union. These groups use a variety of strategies which range from outright legalization to de facto legalization under the guise of "medicalization," "harm reduction," crime reduction, hemp/marijuana for the environment, free needle distribution to addicts, marijuana cigarettes as medicine, and controlled legalization through taxation.

Rationale: The use of illicit drugs is illegal because of their intoxicating effects on the brain, damaging impact on the body, adverse impact on behavior, and potential for abuse. Their use threatens the health, welfare, and safety of all people, of users and non-users alike.

Legalization would decrease price and increase availability. Availability is a leading factor associated with increased drug use. Increased use of addictive substances leads to increased addiction. As a public health measure, statistics show that prohibition was a tremendous success. Many drug users commit murder, child and spouse abuse, rape, property damage, assault and other violent crimes under the influence of drugs. Drug users, many of whom are unable to hold jobs, commit robberies not only to obtain drugs, but also to purchase food, shelter, clothing and other goods and services. Increased violent crime and increased numbers of criminals will result in even larger prison populations.

Legalizing drugs will not eliminate illegal trafficking of drugs, nor the violence associated with the illegal drug trade. A black market would still exist unless all psychoactive and addictive drugs in all strengths were made available to all ages in unlimited quantity.

Drug laws deter people from using drugs. Surveys indicate that the fear of getting in trouble with the law constitutes a major reason not to use drugs. Fear of the American legal system is a major concern of foreign drug lords. Drug laws have turned drug users to a drug-free lifestyle through mandatory treatment. 40% - 50% are in treatment as a result of the criminal justice system.

A study of international drug policy and its effects on countries has shown that countries with lax drug law enforcement have had an increase in drug addiction and crime. Conversely, those with strong drug policies have reduced drug use and enjoy low crime rates.

The United States and many countries would be in violation of international treaty if they created a legal market in cocaine, marijuana, and other drugs. The U.S. is a signatory to the Single Convention on Narcotics & the Convention on Psychotropic Substances, and has agreed with other members of the United Nations to control and penalize drug manufacturing, trafficking, and use. 112 nations recently reaffirmed their commitment to strong drug laws.

The Silent Lover

The aching in your body starts when your lover leaves
Begging for one more try, you'll do anything to please
She leaves you feeling contented when she's in your arms
Tis only once she has gone that she'll inflict you harm
With the sunrise of a new day,
She'll again seduce you with her charms,
She leaves you feeling love and give, only her presence calms
Once more she's gone, then starts the pain, deep within your gut,
You know you're just one of many, the expensive little slut
Young or old, rich or poor; she coldly doesn't care
She's broken bigger than you and left their heart and soul to bare.
Your money is no object; she'll take all that you can spend,
It's only you she leaves behind, broken in the end
She has a business partner, a tall man dressed in black
If you're ever introduced to him you won't be coming back
You put up such a fight; to her you were so grave
But you're just another faceless lover
she's sent early to their grave
You're just another conquest to her; your memory fades in a flash
Plenty of week souls like you out there, to deny them of their cash
The sultry temptress lures you, with
her warm love she did beacon
You could be lovers forever, or it could be over in a second
She is strong and powerful no man can deny
You'll know no other like her; with your money you can buy
Once her loves absorbs you and you are taken in
Her warm lust flowing thru you; underneath your skin
After she has seduced you, there is only one way out
Slowly she lures you to him, toward death there is no doubt
As loud as you can scream now, but no one seems to hear
Closer, ever closer, towards the end she leads you near
Tightly she holds your hand, you have nothing to fear
Then suddenly in the darkness, to you it all becomes clear
Through her lies and mistrust, the lesson you have learned
Never to trust in anyone again, after once being burned
Awaken from the nightmare, in your familiar bed
Everyday you will appreciate life now
Grateful to be living
Thankful you're not dead.

Miss A.C © May 2003-2011

South-East Queensland and Brisbane Needle and Syringe Program Locations

Beaudesert Hospital
64 Tina St, Beaudesert
3837 5614
Open 24 hours 7 days

Beenleigh Community Health Centre
10-18 Mt Warren Blvd,
Mount Warren Park 4207 ph.3290 9811
Open Mon to Fri 8.30am - 4.40pm

Biala [pp]
270 Roma St, Brisbane
3837 5613
Open 24 hours 7 days

Brisbane Youth Service
14 Church St, Fortitude Valley
3252 3750
Open Mon to Fri 9am -12pm, 1pm - 4pm

Brown's Plains Community Health
Crn Middle Rd & Wineglass Drv, Hillcrest
3290 8923
Open Mon to Fri 8am - 5pm

Caboolture Community Health [pp]
McKean St, Caboolture
5433 8300
Open Mon to Fri 8am - 4.30pm
AH Needle Dispensing Machine

Caloundra
West Trc, Caloundra
5436 8550
Open Mon to Fri 8am – 4.30pm

Cherbourg Hospital
Fisher St, Cherbourg
4169 8800
Open 24hrs 7 days

Chinchilla
Slessar St, Chinchilla
4662 8889
Open 24hrs 7 days

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

Dalby Hospital
Hospital Rd, Dalby
4669 0555
Open 24hr 7 days
needle dispensing machine AH

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

Esk Hospital
30 Highlands St, Esk
5424-4600
Open 24hr 7 days

Gold Coast (Southport) [pp]
Queen St, South Port
5519-8777
Open Mon to Fri 10am to 4pm

Gympie Community Health
20 Alfred St, Gympie
5489 8777
Open Mon to Fri 8.30am - 4pm

Inala Community Health [pp]
64 Wirraway Pde inala
3275 5300
Open Mon to Fri 8.30am - 5pm

Inglewood Hospital
Cunningham Highway, Inglewood
4652 1311
Open 24hrs 7 days

Ipswich Sexual Health [pp]
Ipswich Health Plaza, 21 Bell St,
Ipswich ph. 3817 2428
Open M, T, W, F 8 - 4.30pm
Thurs 8.00-5.30pm
AH Needle Dispensing Machine

Jandowae Hospital
13 Dalby St, Jandowae
4668 5356
Open 24hrs 7 days

Kilcoy Hospital
17 Brown St, Kilcoy
5422 4411
Open 24hr 7 days

Kingaroy Community Health
166 Youngman St, Kingaroy
4162 9220
Open Mon to Fri 8.30am - 5.00pm

Laidley Rural Community Health
75 William St, Laidley
5466 8110
Open 24hr 7 days
needle dispensing machine AH

Logan Central Community Health [pp]
97-103 Wembley Rd, Woodridge
3290 8923
Open Mon to Fri 8am - 4.30pm

Maleny Memorial Hospital
17 Bean St, Maleny
5420 5000
Open 24hr 7 days

Millmerran
50 Commens St, Millmerran
4695 1211
Open 24hr 7 days

Murgon Hospital
Coronation Drive, Murgon
4169 9600
Open 24hrs 7 days

Nambour [pp]
Nambour Hospital
Cnr Mapleton & Hospital Rds, Nambour
5470 6869
Open 24hr 7 days

Nanango Hospital
135 Brisbane St, Nanango
4171 6700
Open 24hr 7 days

Noosa Community Health [pp]
14-16 Bottlebrush Ave,
Noosa Heads ph.5449 5944
Open Mon to Fri 8am - 4.30pm

North West Community Health
49 Corrigan St, Keperra
3335 888
Open Mon to Fri 8.30am - 5pm

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

Palm Beach Community Health
9, Fifth, Ave, Palm Beach
5525 5600
Open Mon to Fri 8.30am - 5pm

Proston Outpatients Clinic
Brigooda Rd, Proston,
4168 9288
Open Mon to Fri 8.30am - 11.30am

QuIHN Brisbane [pp]
89-101 Gipps St, Fortitude Valley
3620 8112
Open Mon to Fri 9am - 5pm

QuIHN Cotton Tree [pp]
59 Sixth Ave, Cotton Tree
5443 9576
Open Mon to Fri 8.30am - 5.00pm

QuIHN – Gold Coast [pp]
Unit 12 89 - 99 West Burleigh Rd, Burleigh Heads
5520 7900
Open Mon to Weds 8.30am - 8pm,
Thurs 8.30am - 9pm Fri 8.30am -10pm

Redcliffe Comm. Health Centre [pp]
Redcliffe Health Campus,
181 Anzac Avenue, Kippa-ring
3897 6300
Open Mon to Fri 8am - 4.30pm

Redlands Comm. Health
Weippin St, Cleveland
3488-3200
Open 24 hours 7 days
(needle dispensing machine AH)

Stanthorpe Health Services
8 McGregor Terrace,
Stanthorpe ph.4681 5251
Open 24hr 7 days (
needle dispensing machine AH

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

Tara Hospital
15 Bilton St, Tara
4678 7900
Open 24hrs 7 days

Texas Multipurpose Health Service
Mingoola Rd, Texas
4653 1233
Open Mon to Fri 8.30am - 5pm

Toowoomba Sexual Health
Peachy St, Toowoomba
4616 6446
Open 24hr 7 days
(needle dispensing machine AH)

Warwick Health Service
56 Locke St, Warwick
46600 3939
Open 24hr 7 days
(vending machine AH)

Wondai Health Service
43 Scott Street, Wondai
4169 2600
Open 24hr 7 days

Wynnum Hospital
Whites Rd, Lota
3893-8100
Open 24 hours 7 days
(needle dispensing machine AH)