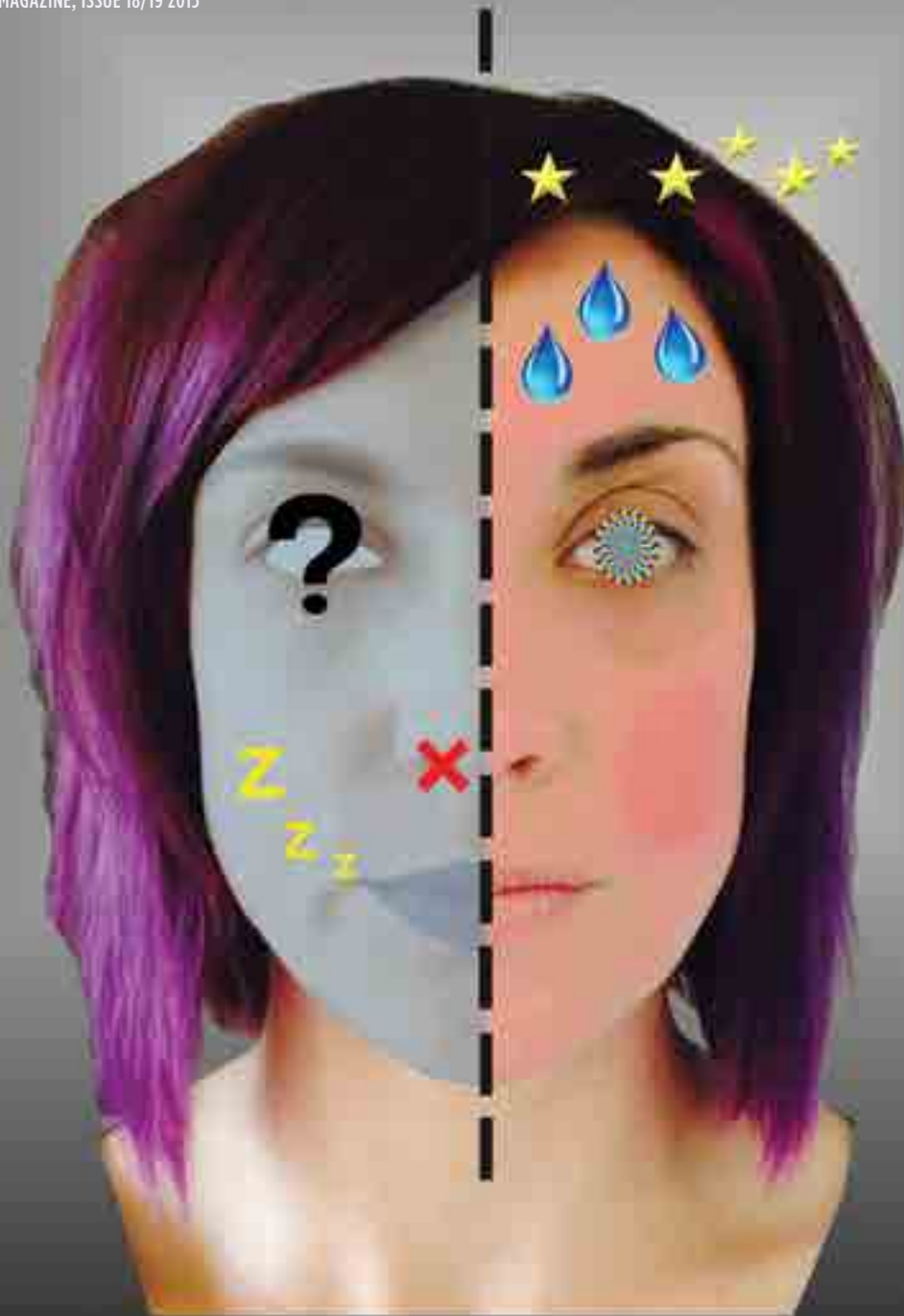


TRACKS

ILLCIT DRUG USERS MAGAZINE, ISSUE 18/19 2015



IN THIS ISSUE

NALOXONE
INTO THE
HANDS OF
DRUG USERS

RESPONDING
TO OVERDOSE

THANK YOU
TO TONY
TRIMINGHAM

POEMS &
ART

RAPID HIV
TESTING

ISSUE 18/19



Not for general distribution. This is a restricted publication available only through needle and syringe programs. It is strictly for illicit drug users only. QuIHN neither condones nor accepts illicit drug use but seeks to minimise the harm that can arise from illicit drug use, in line with Australia's public health strategy.



FROM THE EDITORIAL TEAM

Dear Readers,

Greetings from the first double issue of TRACKS magazine. Inside you will find twice the information, twice the tips, twice the stories and poems. We also hope to give you twice the smiles. You know those secret smiles that come with feeling like someone 'gets you'.

This issue you'll meet the Trimingham's - Tony, his wife Sandra (founders of Family Drug Support) and their only son Damien, who fatally overdosed in the 90's. The Trimingham's aren't the only parents to have lost a child to overdose, however the way they dealt with their tragedy is extraordinary; but we'll let you decide.

If you don't already know him you'll enjoy learning a little about Andrew Eddy through his staff bio. Andy's a QuIHN NSP worker on the Gold Coast. He is quickly becoming TIDE support worker extraordinaire. I think you'll like him, we do.

In this issue Craig will share with you, a little of his journey as a paramedic and his dealings and thoughts on overdose.

You will feel the depths of a mother's heart as she lays it open in a poem dedicated to the daughter she lost to an opiate overdose.

We will voyage with Sir Archibald through his many drug induced dilemmas. This is no laughing matter, so we hope you take heed of this warning for pet owners.

Dixie Del Ray delves into her diary to share another of her memoirs with us.

Raff talks about anxiety and his practical methods for soothing it.

We'll trip past by the signs of overdose and tips for dealing with it, (apart from calling 000 which is ALWAYS the first step for an opiate overdose). You'll notice we are giving ICE more attention.

As ICE now has its own 'task force', (complete with myths and fear- mongering) it's a drug we'll be watching closely for future TRACKS. Of course Naloxone and CPR are also mentioned because they alone can rewind opiate drug overdoses in 90% of cases, provided that they are accessed in time.

Hepatitis C has long been at the forefront of preventable and treatable harms that are related to injecting any substance. BBV related harms lie in the sharing of any injecting paraphernalia NOT in the drug itself (enter QuICS - QuIHN's Infection Control Sessions).

The harms caused by hepatitis C itself have motivated QuIHN to build THE TIDE PROJECT (Treatment In an Injecting Drug Environment). If you're wondering 'what the hell is a TIDE PROJECT? Speak with your friendly QuIHN worker to find out more.

Mainly we want you to enjoy reading TRACKS as much as we enjoy producing it. The bonus for us comes when readers/clients/peers/you are inspired to see your own art/poems/stories/jokes in print, because we are the ones who can make that happen.

The TRACKS Team 2015

TRACKS

Illicit drug users magazine

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QuIHN's Vision

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

QuIHN's Focus

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

QuIHN's Purpose

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

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

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

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

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

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

We want your feedback

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

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

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

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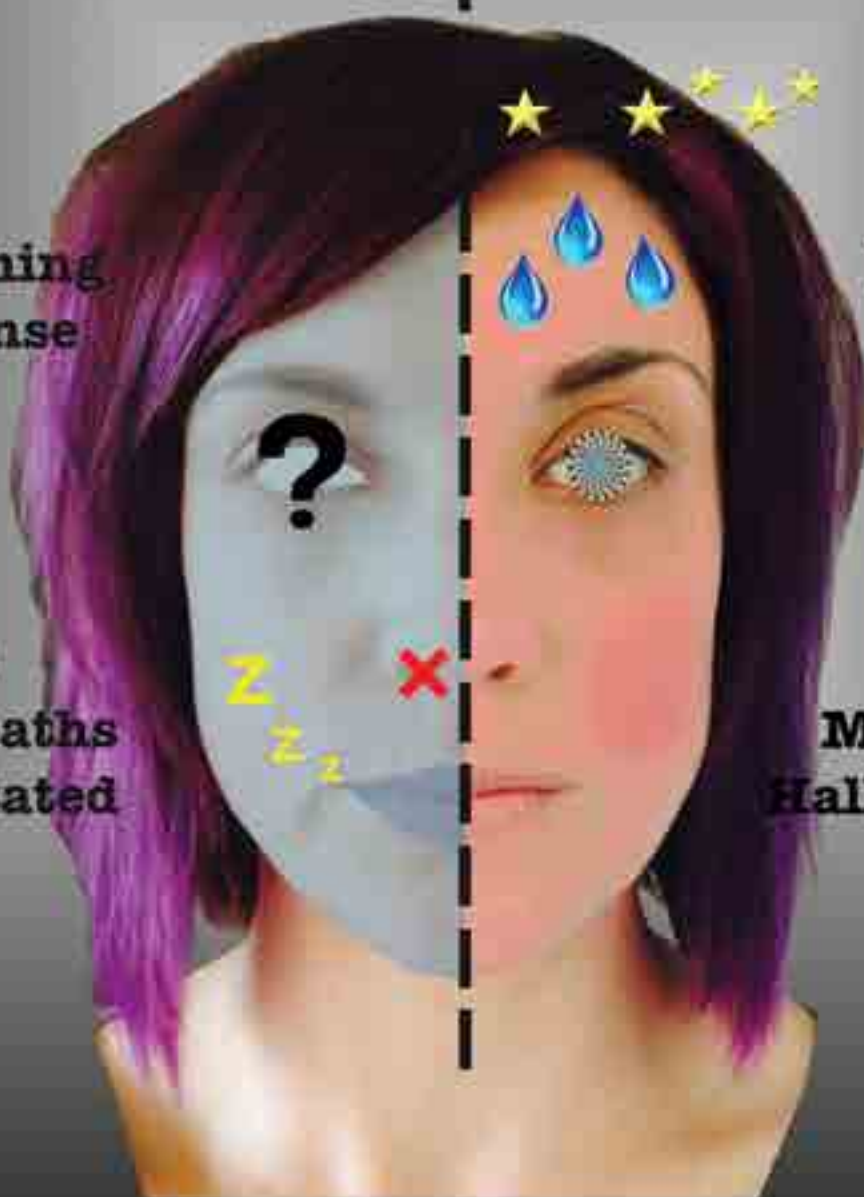
OVERDOSE.

Do you know what it looks like?

Depressant

Stimulant

No breathing
No response
Gurgling
Snoring
Floppy
Blue lips
Confused
Short breaths
Disorientated



Headaches
Dizziness
Sweating
Anxiety
Cramps
Vomiting
Chest pain
Memory loss
Hallucinations

Overdoses look different for different drugs

KNOW THE SIGNS



Do you know about RAPID HIV TESTING

By Scott Brown.

Rapid HIV testing is a new, on the spot screening test for HIV that will give you your **results in only 20 minutes**. It is now available at a number of places around Queensland. To get your result, all that's required is a **small drop of blood** taken from your fingertip. Gone are the days of having to have a needle and waiting a week for your results, this means it's easier than ever to tested regularly!

How regularly you should test for HIV can vary, but we should all be getting tested at least once a year. Knowing your status is in your best health interest because the earlier someone is diagnosed, the earlier a person living with HIV can actively prevent disease progression. It's important to remember that HIV and AIDS are not the same thing, and there have been so many advances made in treatment options over the last few years, that treating HIV has never been so easy. So whether you are positive or negative, knowing your HIV status gives you control over your own health.

In August, 2014, **RAPID** opened at **2 Winn Street, Fortitude Valley** (just down from The Beat). Whatever your story, RAPID is a safe place to get tested for HIV and syphilis without any judgement about your sexual behaviour or injecting practices. RAPID is a peer based HIV testing service, which means they are community members trained in HIV. Since they are a non-clinical service, RAPID do not keep clinical files that document your sexual behaviour or injecting practices, it's just testing without the full Q&A. Open Tuesday-Friday from 3-pm-8pm, and Saturday 12pm-5pm, RAPID is completely free and no appointments are required.

Rapid HIV Testing is also available at sexual health clinics around the State and a number of other community sites. Receiving your test result in only 20 minutes removes the anxious wait, so head to www.chep.hiv to find your nearest testing location, or you can **give us a call on 07 3013 5566**.

OVER DOSE

DIXIES DIARY



IT WAS A BRIGHT AND SUNNY DAY IN 2004, MY PARTNER AND I LIVED AT DECEPTION BAY AND DID A DAILY RUN INTO BRISBANE TO GET ON. THEN WE WOULD GO HOME AND HAVE OUR SHOT. AT FIRST WE DIDN'T WAIT TILL WE GOT HOME TO HAVE OUR SHOTS WE WOULD DO IT IN THE CAR IN A QUIET STREET WHERE THERE WAS NOT MUCH TRAFFIC OR PEDESTRIANS. MOST TIMES WE WOULD PICK A DEAD END STREET. THIS ONE TIME WE ONLY HAD ONE NEEDLE AND OF COURSE I WENT FIRST, I HAD MY SHOT AND AS I MOVED MY ARM TO GIVE HIM THE NEEDLE THE SLEEVE OF MY SHIRT KNOCKED THE SPOON FULL OF MY PARTNERS MIX OFF THE MIDDLE STORAGE AREA AND ALL OVER THE BACK FLOOR. POOR BUGGER LOST HIS SHOT, THAT WAS WHEN WE DECIDED FROM NOW ON WE WOULD GO STRAIGHT HOME TO HAVE OUR SHOT ONCE WE HAD SCORED IN BRISBANE.

I WAS STARTING TO GET SICK OF GOING INTO BRISBANE, AND HAVING TO JUMP THROUGH ALL THE HOOPS AND THEN TO HAVE TO DRIVE ALL THE WAY HOME TO HAVE OUR SHOTS OF THE FABULOUS UNCLE H. IT WAS REALLY GOOD STUFF TOO BUT STILL I WAS SICK OF THE DAILY GRIND OF GOING INTO TOWN. MY PARTNER WAS HANGING OUT AND JUST WANTED TO GET ON SO I SAID THAT HE COULD BORROW MY CAR AND GO INTO TO BRISBANE TO SCORE. HE WOULD THEN HAVE TO WAIT TILL HE GOT HOME BEFORE HE COULD HAVE OUR SHOT AS WE ALWAYS SHARED A PACKET. WE'LL ALSO SHARE OTHER THINGS SUCH AS SAME SPOON, SAME WATER AND SAME FILTER. I NOW REALISE THIS WAS RISKY AND EDUCATE PEOPLE NOT TO SHARE SPOONS, WATER, FILTER, TOURNIQUETS ETC. BECAUSE THEY COULD TRANSMIT A BBV BUT APART FROM ALL THAT HE WENT INTO BRISBANE, SCORED, AND THEN CAME HOME TO DEPRESSION BAY. I HAD EVERYTHING READY NEEDLES, WATER, SWABS, FILTERS, AND ONE SPOON. I WAS THE BOSS AND EVERYTHING WENT MY WAY AS I FINANCED THE HEROIN SO OBVIOUSLY I MIXED UP OUR VERY GOOD LOOKING UNCLE HEROIN AND HAD MY SHOT WHICH WAS (AS I REMEMBER) A VERY NICE MIX. WOW THE STUFF WAS REALLY GOOD.

I HAD ONLY EVER NODDED OFF ONCE BEFORE AND THAT WAS YEARS AGO, I THEN LAY UPON MY PARTNER AND NODDED OFF, OF COURSE HE DIDN'T FEEL THE PAIN BECAUSE BOTH OF US WERE HIGH ON HEROIN. THIS TIME THOUGH I DO REMEMBER NODDING OFF JUST SLIGHTLY BECAUSE I WENT TO THE BATHROOM AND WAS LOOKING IN THE MIRROR AND NEXT THING WHEN I CAME AROUND AND MY FACE WAS ALMOST IN THE BATHROOM SINK. AS THIS HAPPENED I HEARD A BIG CRACK AND THUMP, I KNEW STRAIGHT AWAY THAT MY PARTNER MUST HAVE OVERDOSED WHICH WAS MY FIRST THOUGHT HE HAD DONE OR THAT HE MIGHT HAVE TRIPPED OVER, BUT I WAS RIGHT FIRST TIME IT WAS AN OVERDOSE.

I RAN INTO THE DINING ROOM WHERE I FOUND HIM SLUMPED IN AN AWKWARD POSITION SO I LAID HIM FLAT ON THE FLOOR AND RANG 000 AND STRAIGHT AWAY I SAID THAT MY PARTNER HAS OVERDOSED ON HEROIN AND GAVE HER THE ADDRESS, THE OPERATOR SAID THAT AN AMBULANCE WAS ON ITS WAY.

WHILE I WAS WAITING THE OPERATOR TALKED TO ME AND TOLD ME WHAT TO DO. "IS THE PATIENT BREATHING?" I CHECKED AND HE WAS BREATHING, A GURGLY TYPE OF BREATHING. "CAN YOU SHAKE HIM AND SEE IF HE RESPONDS, ASK HIM TO SQUEEZE YOUR HAND" WHICH I DID AND NO RESPONSE. HIS HEART WAS STILL PUMPING THEREFORE I HAD TO PUT HIM IN THE RECOVERY POSITION AND CHECK HIS MOUTH TO SEE IF HE HAD VOMITED, OR CHOKED ON SOMETHING, I DID THAT BUT KNEW HE HAD NOT PUT ANYTHING IN HIS MOUTH AS WE WERE REAL JUNKIES AND HAD NO FOOD IN THE HOUSE. THIS WAS THE CLOSEST I HAD COME TO BEING INVOLVED IN AN OVERDOSE SITUATION AND IT WAS SCARY. HIS LIPS DIDN'T TURN BLUE AS HE WAS STILL BREATHING BUT HE WAS NOT BREATHING NORMALLY AND HIS HEART WAS STILL PUMPING. THE OPERATOR TOLD ME TO KEEP A CONSTANT CHECK ON HIS BREATHING.

THE AMBULANCE ARRIVED AND THE PARAMEDICS TOOK OVER AND GAVE HIM A SHOT OF NARCAN, HE QUICKLY CAME AROUND AND THEY TOOK HIM TO THE HOSPITAL AT KIPPA RING. HE HAD TO STAY IN EMERGENCY FOR ABOUT AN HOUR, I HAD TO WAIT OUTSIDE THE EMERGENCY DEPARTMENT SO I COULD HAVE A CIGARETTE. THIS MAY SOUND WEIRD BUT I AM VERY PARTICULAR ABOUT OUR ENVIRONMENT, I DON'T LIKE IT WHEN PEOPLE LITTER THEIR BUTTS, SO I DECIDED TO CLEAN THE AREA OUTSIDE OF THE EMERGENCY DEPARTMENT AS IT WAS FULL OF BUTTS ON THE GROUND. THE PARAMEDICS HANGING AROUND OUTSIDE WERE REALLY RUDE, VERY JUDGMENTAL AND TRIED PUTTING ME DOWN. ONE OF THEM ASKED IF I WAS SEARCHING FOR MONEY FOR MY NEXT HIT OF HEROIN AS HE DITCHED HIS CIGARETTE BUTT ON THE GROUND. I WALKED UP TO HIM AND SAID NO I AM QUITE COMFORTABLE WITH MY FINANCES IT IS JUST THAT I AM CLEANING UP THIS MESS THAT TOSSERS LIKE YOU HAVE MADE AND I THEN PICKED UP HIS BUTT (AND THE OTHER PARAMEDICS BUTTS) AND WALKED TWO METERS AWAY AND PUT THE WHOLE HANDFUL OF BUTTS IN THE BIN.

I THEN SAID TO HIM, I MAY BE A HEROIN USER BUT THAT DOES NOT RUIN THE ENVIRONMENT COMPARED TO YOU WHO JUST DITCHED YOUR CIGARETTE BUTT ONTO THE GROUND AND HOW MANY YEARS WILL IT TAKE FOR THE BUTT TO BREAK DOWN, IF AT ALL. I DISPOSE OF MY NEEDLES THE CORRECT WAY. I PLACE THEM IN THE YELLOW DISPOSABLE CONTAINER AND RETURN THEM TO AN NSP WHERE I KNOW THEY WILL BE INCINERATED. I DON'T THROW THEM IN THE BIN KNOWING THAT PEOPLE COULD GET A NEEDLE STICK INJURY OR LET THE USED NEEDLES END UP IN LAND FILL. DO YOU THINK THAT YOU ARE BETTER THAN ME JUST BECAUSE MY PARTNER HAD AN OVERDOSE? YOU SHOULD KNOW THAT THERE IS A FINE FOR PEOPLE WHO LITTER, I TOLD THEM THEY WERE RUDE AND VERY JUDGMENTAL AND TO THINK BEFORE THEY START TO JUDGE OTHER PEOPLE.

SINCERELY, DIXIE DEL RAE

So far that is Dixie's first and only experience of being involved with someone who has overdosed. Just remember that if you come across someone who has overdosed, please call an ambulance straight away, the police won't come unless there is a lot of shouting or there is a death.

This story was written by a QuiHN client in their own words. The word 'junkie' is not a word used or encouraged by QuiHN staff or the TRACKS committee.

YOU WERE SUCH A BEAUTIFUL BABY,
JUST PERFECTION TO A TEE,
ALTHOUGH YOU WERE AN ADULT,
YOU WERE STILL A LITTLE GIRL TO ME.

YOU WERE ALWAYS A LITTLE BIT DEFIANT,
IN A GOOD WAY DARLING, NOT BAD,
A FLOWER CHILD, A HIPPIY,
SUCH A SOUL OF GOODNESS YOU HAD.

A COMPLIMENT FOR EVERYONE,
WHAT A TREASURE WE HAVE LOST,
WHO'LL TELL SHARY AND ME WE'RE BEAUTIFUL NOW,
WITHOUT THEIR FINGERS CROSSED.

YOU AND EB, YOU HAD THAT SPECIAL BOND,
THAT ONLY SISTERS KNOW,
AND SAM, HE LOVED YOU PLENTY,
HE JUST NEVER LET IT SHOW.

YOU LOVED TO LISTEN TO THE DOORS,
AND YOU WENT OVERSEAS,
WITH YOU OUR LIVES WERE INTERESTING,
AT TIMES YOU MIGHT SAY CRAZY.

THANKS FOR GIVING ME CAMERON,
I'LL CARE AND LOVE HER WITH ALL MY HEART,
I'LL SEE YOU WHEN I LOOK AT HER,
SO WE'LL NEVER BE APART.

IT'S SAID OUR KIDS ARE NEVER OURS,
THAT THEY ARE ONLY LENT,
SO NOW I GUESS OUR LEASE IS UP,
AND YOU ARE HEAVEN SENT.

THIS IS JUST SO WRONG, IT'S BACK TO FRONT,
IT SHOULD BE ME INSTEAD,
BUT GRANDDADS UP THERE WAITING NOW,
SO SWEETHEART DON'T BE SCARED.

YOU'VE EARNED YOUR WINGS MY DARLING,
NOW OFF TO HEAVEN YOU FLY,
PLEASE REST IN PEACE, YOU'RE FREE NOW,
I LOVE YOU, FOREVER, GOODBYE.

CAROL 2014



FOR ZARA,
23\12\82 – 17\04\14
LOVE ALWAYS MUM

A TRIBUTE TO FAMILIES, THANK YOU TO TONY

The agony and confusion experienced by the family members of someone struggling with substance use is almost impossible to comprehend. If they are dependent on an illegal substance the stigma that is rooted within society and enforced by our judicial system, falls hard enough on the individual to splatter discrimination over any who dare to stand close. People who care can't help but stand close. Parents always stand the closest, no matter how painful. That's love.

In 2009 I attended the 'Back to Grass Roots' Hepatitis conference held in Tasmania. Tears stung the back of my eyes while Tony Trimmingham took us on the short journey that made up the 23 years of his only son, Damien's life. The photos cascading down the back wall struggled to convey Damien's life; his loves, his hates, his thoughts and his fears. The last photo of Damien stayed glued to the wall. The photo was taken by the coroner in a vacant stairwell, in a major city; a city that could offer Damien no more that night than the lonely emptiness of the stairwell itself. That was the night any dreams Damien had were shot into the ether with his last shot of heroin. That same night the Trimminghams' lives changed forever.

Damien's pride when holding up a trophy, his goofy smile as he leaned against his girlfriend, the cheekiness in his eyes at a family Christmas, would now only live in these photos. Photos Tony lovingly preserves and shares with anyone whom he thinks might benefit from his family's story. He uses them to influence and educate people. He uses them to advocate for harm reduction. He uses them in the hope he might spare another family the pain his family continues to endure.

"There is no pain like it. The first few years are excruciating. After 18 years you think about everything you've missed out on. He'd be 40 now."

When Damien's family discovered he was injecting heroin they persuaded him to book into rehab.

"In hindsight this was the wrong decision. When people are struggling to give up, more tend to die after a period of abstinence."

Tony and his wife Sandra didn't let bitterness and needs for revenge consume them. They didn't sit on every board to make drug laws stricter and penalties for illicit drug users harsher. Damien wasn't a criminal and the laws that made him so only increased the harms to himself, his family and his local community. Australian drug laws in 1997 would do no justice to Damien and would diminish his memory in a way his family couldn't allow. So they went searching for answers as people who are grieving do. They couldn't believe how few services there were to support those who were overcome with the issues that come with a family member's addiction. In 1997 no one

cared about the kind of individuals who had lost their battle with drug use and had paid the ultimate price.

"Once I went public with our story, after Damien's death I was overwhelmed by the number of people that contacted me. We decided to hold a public meeting and it became obvious the need, and energy, for a support group was overwhelming."

Everywhere Damien's family turned they found other families also searching for answers. Devastated relatives wandered lost among (at best) apathy and (at worst) animosity, longing for somewhere they could cry and grieve without guilt or shame. At some point it occurred to Tony that what all these families were looking for (his own included) was a link to each other. With no words needed they would know they were among their own, regardless of society's standards or standing, regardless of their wealth or which "side of the tracks" one's family hailed from. Losing a child to fatal overdose weaves an unintentional connection between those who are suffering. His initial goal was simple, a non-judgemental support group for family members affected by illicit drug use.

"Heroin use is very stigmatised in Australia. People find it very hard to talk to anyone about the problem in their family."

Seeing such need, the seeds of Tony's new purpose started to take root in his heart. He would keep Damien's memory alive in the most positive way he was able. Damien's death would never be in vain. This was how FDS (Family Drug Support) was born. Tony expected maybe a dozen people would come to his first parent support group. Instead there were hundreds.

"The worst part is that these [heroin overdose] deaths are preventable. Not a single person has died from an overdose in injecting centres over the 30 years they have been running and there are 70 centres worldwide now. Not everyone who uses heroin will become dependent, 6 in 7 won't."

Tony Trimmingham became an accidental hero, another reluctant warrior thrown onto the frontline of the "war" on drugs. Luckily for us, (and our families), he came down hard on our side and we continue to feel the vibrations of his determination.

"Success for us is not necessarily the idea of being drug free, it's being able to function safely, reduce the risk of crime, get better housing and control the drug use."

Tony's armour must have felt unfamiliar and undoubtedly weighed him down. Yet he stood firm with patience and poise. Unlikely allies stood by his side; people who choose to use illicit drugs, people who elect to inject their drugs of choice, harm reduction advocates and



DAMIEN ANTHONY TRIMMINGHAM
Born 9th January 1974
Fatally overdosed 24th February 1997

opponents of the failed “war” on drugs. He has laid bare his soul again and again, for a just cause; for our community’s rights to choice and safety. Yet he will tell you he is just doing what any loving, grief-stricken dad, who has the means, would do.

“It’s about keeping people alive”.

At times he has found himself disagreeing with politicians, policemen, the whole judicial system and the misinformed opinions of our misguided society. He advocates for common sense. He argues on behalf of lives that haven’t been lost, lives worth saving, all the while resisting and challenging the discrimination he is often faced with. For Tony’s life saving diligence every family in Australia (whether they know it or not) have reason to be grateful.

Today the Family Drug Support Centre has received 30,000 phone calls per year and manages 17 support groups around Australia. FDS also offers training for professionals and families called “Stepping Stones”. Stepping Stones guides families through the process of dealing with drug use and the stages of change they go through. Tony is the author of “Not my Family, Never my Child”. He has also partnered with QuIHN to produce “A Guide to Coping”, a helpful guide for parents who are coming to terms with their child’s drug use. Copies are available at QuIHN or the FDS website. Following this article is a movingly honest poem written by Damien Trimmingham.

“The most important thing is to seek out support and keep the channels of communication open”.

FDS, while mainly focusing on the well being and supports of significant others are inclusive of the whole family.

With respect for our brothers and sisters in arms; who sadly are no longer here to fight for their right to choose. You may have lost your own battle but in your stead we will stand firm, and never surrender the “war”.

FDS SUPPORT LINE • 24 HOURS 7 DAYS

1300 368 186 • www.fds.org.au

The interview from which Tony’s quotes (in bold) were taken for this article, can be found on <http://www.news.com.au/national/the-story-of-an-australian-family-who-lost-their-son-to-heroin/story-e6frfkp9-1226682357495>

Written by Fiona Harrington 04/2015, Ratified by Tony Trimmingham 04/2015

Ambivalence

Embroiled in a drug-filled haze
Melting defence
Got lost in the maze
Lost to my own desire to hurt
Lost to the girl
And a white powdered dirt
Confusion the emotion of pleasure and pain
Playing my life
Like playing a game
Caught in my own
Self spinning web
Fighting a war that exists in my head
The inner child has lost to the man
that couldn’t see past
An indifferent plan
Lost every rational thought in my mind
Caught in a shell
With nothing but time
And now as I watch
Yet I’m shielding my eyes
With a needle protruding
I’m feeling the lies
A memory, a thought
a relinquished sight
A decision to make
To live or to die
To be or be not
said the guilt-ridden Dane
To find out the truth
and finish the game
Watching the screen now my battle’s been won
But what of the kids
Whose battle goes on
Understand, educate and never be blind
To a drug that steals
Health, spirit and mind



I don't
kick dogs

My neighbour, he fears me, because I use drugs
He says I'm no good, yet he kicks his dog
He says I am useless, that I clearly need help
But he kicks his dog; quite clearly she yelps.

Preacher stands on the pulpit and damns me with zest
Tells me not to use drugs, says it's bad to like sex
Then when boys kneel to pray, he brings sins to confess
I just enjoy drugs, yet it's me who is less.

Mrs Jones once taught me, now says I'm a mess
Whatever went wrong? She couldn't guess?
Yet I've watched her worship, away from the rest.

Yes I've watched her worship, with the Preacher's hand...
Right up her dress.

Pants up her dress, when they thought none could tell
But it's me who likes drugs, so it's me, off to hell
They're shamelessly blameless, smiled while I fell
Yes, I've loaned my soul, but they've none to sell.

Mrs Perfect loves money, she always wants more
Her doctor's well trained; she has no need to score
She pays strangers, to change her, until she is raw
She's proudly a bigot, never helping the poor
Ignores those in need, desperate and torn.

Still she really believes that she has it all,
Now, how can that be? When her mind is so small?
She never seems happy, she's never too sure
Yet her drugs are legal; it's me who's at 'war'.

The greatest abusers often wear blue
Eager to punish, if I speak truth
Hypocritical laws, I can only refuse
So they'll lock me up and it's my drugs they'll use
To line their own pockets, or whatever they choose
When I defy they just say I'm confused.

Honest law makers are all too few
Corruption runs deep, if only you knew
Society sleeps, they haven't a clue
Honest law makers. Are they worried too?

Our bombastic leaders, I think we all know
Mistreat the victims, from the wars they compose
Teaching children to bully, that's what I suppose
What are they learning? Our kids, as they grow?

Will they survive this volatile ride?
Or need to cut deep, just to know they're alive?
Some will jump off, desert their young lives
Will we listen now, if they try to confide?
"At least they don't use", we'll doubtless decide
We'd rather them dead than happy and high.

Is it just rain or tears from the sky?
Conveying the pain that's haunting our eyes
My soul lies bare, I've nothing to hide
I see the truth that you choose to deny
We inherit the scars that throb when we cry
If wings aren't allowed, then how can we fly?

So in truth I admit, I like to use drugs
I like to explore, sometimes too much
I don't forget to give, I don't forget to love
I've a curious heart, not a criminal touch.

Against our laws sweet justice must tug
For peaceful folk, who try not to judge
And although it's true I like to use drugs
I'll help you up when your life gets tough
I'll offer you rest when you've had enough
I'll fight for our rights and I never kick dogs.

I HAVE ANXIETY

Article by Raf Nathan

Anxiety is often termed as an impending sense of doom with no apparent obvious cause.

Generalised anxiety disorder can be diagnosed by constant worry, difficulty doing daily activities, irritability, and difficulty concentrating and sleep problems. Worse can be a panic disorder where you feel sweaty, a faster heart rate, shortness of breath and fear of imminent death. People who do not suffer from anxiety often do not understand what the problem is. They see an anxiety sufferer as a 'weak' person who is always just scared.

To make it worse physically there may be no obvious signs. No injuries or diagnosed sickness. It is in the "emotional" category.

So if there is "nothing" physically wrong why do I feel so bad? Why do I feel anxiety just sitting at home on the couch? And why is it an ongoing thing.

In Chinese medicine the kidneys do far more than filter fluids and control salt levels. The kidneys are a vital organ that controls sexuality, reproduction, courage, supporting the low back area and for want of a better term your *mojo*. The emotion associated with weak kidneys is fear. The heart controls blood and circulation and the emotion is joy. A weak heart though will show signs of excess talking (think of someone who just can't stop jabbering on) and laughing inappropriately (laughing at the wrong things or laughing too much). So a recipe for anxiety is weakened kidney and heart energy.

If someone has spent many years of their life indulging in excess sex, late night partying, partying in general and skipping meals and sleep then the kidney energy that feeds all this will be diminished. As an example if you have a fast car but thrash it every time you drive it, never change the oil regularly and run bad petrol in it then after a few years it won't run very well. In fact you may find it is spending more time in the mechanics (car doctor) than on the road or it breakdown when you are out. Our bodies are somewhat like a car and we can expect the same end results if we abuse it constantly.

Stay up late, or all night for three days, eat poorly, have excess sex (alone or with someone else) and take various drugs both legal and otherwise and the body will develop some problems. Do this for years on end and the weakened kidney and heart energy will result in symptoms that look like anxiety! Poor sleep, fear and anxiety, racing or weak heart beat, sore low back and breathing problems.

So what to do. First is to try and develop some regular hours again. Sleep is critical for rebuilding the body. Going to bed before 11pm and getting up at a reasonable time, say 8am, will give rest and let the body rebuild.

Breakfast is important, in fact an old saying goes - Breakfast like a king, lunch like a prince and dinner like a pauper. This all means that breakfast and lunch are key meals to give your body fuel to see it through the day. Dinner is less important as after dinner it is bed time anyway and energy demand is less.

Unfortunately drugs and alcohol are not healthy foods. They tend to deplete the body, so if you can't stop taking them at least try and do harm minimisation by using the cleanest drugs you can get. Is your dealer giving you good gear or is it the cheapest and nastiest? Can you get away with wine or beer rather than stronger and more harmful spirits? Can you smoke cigarettes with filters?

If you have been living a cleaner life for a while and still feel the dread of anxiety the visit to a health professional for an assessment and treatment is in order. Apart from acupuncture and Chinese herbs (which work very well) consider regular massage, see a naturopath, talk to a dietitian and of course discuss all this with your GP. These people are there to help. After spending thousands of dollars over the years on illegal drugs and alcohol surely you can find some cash for good food and treatment!

Raf Nathan runs an acupuncture clinic on Monday and Friday at QulHN in Brisbane. Call 3620 8111 to make an appointment.

To Twirl The Swirl

BY ANDREW

TO TWIRL THE SWIRL IS CALLED SUBLIMITY
INHALATION OF SMOKE CAN CREATE ECSTASY
CLARITY OF MY THOUGHT IS MY ACTUAL DESIRE
YOU MELT THE SHARD BY HEATING GLASS
EDDYING SMOKE YOUR TOKE WILL LAST
YOU CAN EASILY FRY YOUR MIND
IF YOU STEP OVER YOUR THRESHOLD
IT IS THAT WHICH YOU WILL FIND
JUGGLING AND JUGGLING DELIRIUM
YOU COULD START TO HEAR VOICES
WHICH CAN PUT YOU IN A SPIN
AND THEN BEGIN TO THINK NON SENSIBLY
YOU CAN BECOME PARANOID
AND TRULY BELIEVE THAT YOU ARE NOT FREE
AUTHORITATIVE ORGANISATION WATCHING YOUR EVERY MOVE
YOU CAN EVEN START TO HARM YOURSELF
AND NOT CARE OR THINK ABOUT YOUR HEALTH
WHEN YOU KEEP BENDING THAT BENDER
IT CREATES DISAPPEARING WEALTH
AND YOU SPEND ALL YOUR MONEY
EVEN YOUR LAST CENT

AND WHEN YOU FINISH YOUR LAST TOKE
WHAT INDEED HAS IT ALL MEANT
CONTROL YOUR DRUGS
DON'T LET THEM CONTROL YOU
BECAUSE BEING AN ADDICT
CAN BE REALLY HARD TO CHEW
IF DAILY USE BECOMES THE NORM
YOU MIGHT JUST HAVE TO MINIMISE
AND CREATE REFORM
THERE ARE MANY TOOLS, TIPS AND TECHNIQUES
TO AID IN REDUCTION AND
BECOME STRONGER THAN WEAK
TO CREATE THAN CHANCE
TO MAKE BETTER CHOICES
SO THEN IT BECOMES FORWARD
THE DIRECTION YOU TAKE
IF YOU KEEP CONSUMING
MORE AND MORE
YOU COULD END UP ATTENDING
THE CELEBRATION OF YOUR OWN WAKE
SO MAKE THE CHOICE
TO CLEAN UP YOUR ACT
AND WISEN UP
FOR ALL GODS SAKE



Meaning of this picture and what each colour represents

Black - the People of this land

Brown - the land and all the animals

Blue - Water, the oceans, streams and lakes

Green - Nature, the trees, plants, vines, grasses

Yellow - Sunshine

That we are all a part of the land, and we all need to reach out and connect with the land and everything around you.

Drawing and Colouring done by Kerry Anne Nicholls

Keep out of reach of children

A warning for pet owners

Any responsible person keeps drugs out of the reach of children. All drugs, from antibiotics to heroin, antidepressants to ecstasy. We discuss the importance of this in every available forum, schools, homes, hospitals, local doctors, first aid classes etc.

Shivering with cold my hands fumbled to open the backdoor of the little brick house I call home, I was excited to have the house to myself tonight. This morning when I left for work an extra icy storm was raging so I'd left the pets inside. Now I could hear Sassie (my lab cross) whimpering excitedly, waiting for the treat I always offered as an apology for leaving her all day.

I finally bustled past Sass into the kitchen. Instantly I felt something was missing. Something important; something noisy and needy; something furry and purry. I quickly looked at Sassie (who always looks guilty about something due to her being abused as a pup) but she gave nothing away. With a growing feeling of dread I called out "Archie", nothing, "Sir Archibald" nothing. I shook the bickie box with increasing dread "SIR ARCHIBALD MARMALADE WHERE ARE YOU? I HAVE TREATS YOU SILLY CAT"; nothing.

I rushed to put my bag in the bedroom so I could search in earnest. There was Archie on the floor at the end of my bed, walking in circles, like there was something he needed to get off his tail. My relief soon turned to panic when I picked him up because his body seemed to be frozen head to tail. His pupils were huge and his mouth was open and there was no sign of recognition from him at all.

My mind flashed back to the time I gave him cat nip which made him think he was a dog. That night full of 'dog' bravado he went out and picked a fight with a real dog and got badly beaten up (he won't touch cat nip now). That little episode cost me \$1,000 at the vet and now he only has half a tail yet it seemed he was determined to catch the phantom part of his tail, the part that wasn't there. After his brawl with the dog our vet put him on kitty cat morphine "non-addictive" she assured me "more like tramadol" she said. Well for a vet she knew nothing about addiction because every time Archie saw the bottle he would (with two snapped off ribs and only half a tail) jump and stand on his hind legs trying to swipe the drug bottle out of my hand. My daughter was at home during the day so gave him his day time doses. One Friday night when I got home from work she had already gone out. Archie was meowing loudly, distressed like he was in pain and looking pleadingly at the cupboard where we kept the kitty cat morph. I thought Bec mustn't have dosed him yet so I naively gave him a dose. He convinced me Bec gives him a little extra on Fridays so I did. He still wanted more but settled for eating the eye dropper. About 20 minutes later, down he went; I couldn't wake him up or get him to stir at all. Archie had overdosed. I went cold at the thought of what Becca would do to me if her cat died. Stupid cat I thought as I put him in the recovery position. He's tummy is quite large so he kept rolling back onto his back, four paws spread-out. About an hour later he woke up like nothing had happened, scratched his nose and looked hopefully through sleepy pinned eyes at the cupboard, the sacred place of kitty cat heaven. I wondered if there were any kitty cat rehabs on the Sunshine Coast.

It turned out that 1. Becca had dosed him before she went out 2. He had lied to me about Bec giving him extra pain

killers on Fridays (something he would never do before his morphine fixation) and 3. When I took him for his check up the vet told me he was meant to have 3mls 3 times a day NOT 6mls 3 times a day. She said "I'm surprised you didn't kill him". I refrained from explaining how he now had quite a tolerance. I didn't want her ringing the DDU in case they tried to put him on a program or worse. Luckily he was fine and the vet put him on a reduction treatment plan so he didn't feel the come down so badly.

However this night was totally different. Archie wasn't relaxed in a smiling nodding stupor. He was tense, he looked scared, his pupils were huge, he wouldn't close his mouth and he was determined to catch whatever was where his tail used to be. I tried to feed him but he wouldn't eat, I tried to give him water but it dribbled back out his mouth and he was obsessed with getting that thing off the part of his tale that wasn't even there. Walking in circles, that's what he needed to do.

I started to cry as I realized he had probably been in another dog fight, but this time he had severe brain damage. The thought of putting him down was too much to bear. Especially after all that bloody money I'd spent to keep him alive and all the trouble we had detoxing him. Now I wished someone was there with me; anyone. Between body wracking sobs I rang my ex partner. "Archie's got brain damage, I have to put him down, Becca's gonna hate me". I moaned. When I explained what Archie was doing my ex said jokingly "he probably found that stash I lost". Instantly my tears dried up and I remembered something. I remembered giving him some chicken breast on the bedside table. The side of the bed my ex sat at one night while divvying up some rock. I remembered my ex swearing because he'd dropped some on the carpet. I remembered swearing when Archie dropped the chicken breast in the same place. I remembered I hadn't vacuumed there for a month and I remembered everything sticks to raw chicken beast. Sir Archibald Marmalade Gingerbits was off his head on rock. This memory instantly dismissed my worries. I was relieved and a little envious.

- Today Archie is back to his "do as little as possible" normal self. Using his energy to conserve his energy, same as most felines. So this leads to the moral of his story, to the lessons to be learned.
- Even if no children live with you; if you have pets it is just as important to keep all drugs out of their reach.
- Always double check with the vet and other family members that you are giving your pet the correct dose of medication so as not to give too much or too little.
- If you live with pets and children remember if you overdose your pet by accident your child will blame you no matter what.
- Lastly but certainly not least, cats are liars and have the "addict" gene, so keep pain killers in a safe place and believe nothing they try to convince you of. No matter their cutesy purrs, cuddles and eyes CATS CAN NOT BE TRUSTED, take it from someone who knows.

Written by Fiona in honor of Sir Archibald Marmalade Gingerbits (luckily not in memory of)

OVERDOSE AWARENESS DAY

If I had one wish, it would be for change,
Change in attitude and passing the blame,
Addiction doesn't discriminate; it can take anyone at anytime,
It can be hidden so deep and answered with 'I'm fine',
There can be high risks attached to this disease,
One that the eye may not be able to see,
When mixing depressants this creates a greater risk,
Alcohol and heroin together can be a deadly mix,
What can we do to prevent this? I've heard it a thousand times,
People 'should' stop taking drugs and it will all be just fine,
This question always baffles me, when I think what to respond,
How can you tell someone their life choices are right or wrong?
One way we can prevent this, is to create awareness to ones around,
To call the ambulance for help, if someone hits the ground,
Education around the symptoms, that someone isn't ok,
Heavy snoring, blue lips can tick the boxes of dangerous play,
Days like overdose awareness and teaching others what we know,
About being careful when coming out of institutions if your tolerance is low,
Hopefully one day my wish will come true,
That discrimination won't exist neither will judgmental attitudes,
Educating others about overdose and how we can prevent,
By coming together in remembrance of those who we have and haven't met,
We can start today to spread awareness in educating others,
We can save the lives of someone's child, sister or brother.

Written By Tegan Nuckey 2012

60%**OF OVERDOSE DEATHS
OCCUR WHEN OTHERS
ARE PRESENT****79%****OF CASES THERE IS NO
INTERVENTION BY
BYSTANDERS BEFORE DEATH.**

RESPONDING TO OPIATE OVERDOSE

Despite research which indicates that approximately 60% of overdose deaths occur when others are present and that sudden death immediately after injecting occurs in only 15% of cases, it has been shown that in 79% of cases here is no intervention by bystanders before death.

It may be that injectors witnessing overdoses, having seen non-fatal overdoses before, are over-optimistic about the probable outcome.

There is also evidence that deep snoring, associated with breathing difficulties, is sometimes thought to be someone sleeping soundly.

There is often a long time delay (often several hours) between injecting heroin and overdose death. People who witness overdoses may wrongly assume that, following survival of the initial 'hit', the risk of death reduces.

People who witness overdoses need to be able to identify the transition from sleep to unconsciousness so that they can give appropriate first aid.

If someone is unconscious and lying on their back, their airway can become blocked by their tongue, vomit or saliva in the back of the mouth. This can stop them breathing and result in death. This type of death can be avoided if someone puts the unconscious person into the recovery position. Practice the recovery position and to teach it to your peers.

OVERDOSE PREVENTION

WHY DO PEOPLE OVERDOSE ON DRUGS?

- + Accidentally (Bad or too strong of a mix)
- + Mixing drugs
- + Unsure of quality or strength of substance
- + Using too much
- + Not enough food or fluid in their system.
- + Allergies or other health issues
- + Using after a break e.g., if recently left prison.
- + Using alone or when depressed
- + Route of administration (Injecting)

WHAT ARE SOME OF THE SYMPTOMS OF AN OVERDOSE FROM AN OPIATE SUCH AS HEROIN OR MORPHINE?

- + Vomiting
- + Heart palpitations
- + Deep snoring
- + Unable to wake
- + Turning blue
- + Fitting
- + Not breathing
- + Unconsciousness

WHAT ARE SOME OF THE SYMPTOMS OF AN OVERDOSE FROM AMPHETAMINES SUCH AS SPEED OR ECSTASY?

- + Paranoia and Psychosis
- + Rapid respiration/ perspiration
- + Confusion
- + Tremors & Nausea
- + Shortness of breath
- + Unconsciousness

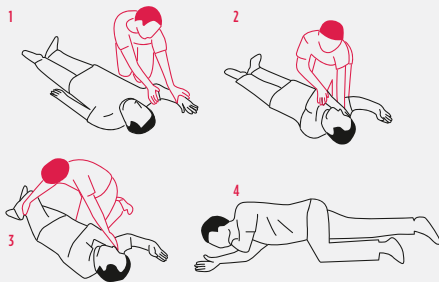
WHAT SHOULD WE DO IF WE FIND SOMEONE WHO HAS OVERDOSED FROM AN OPIATE?

- + Always call 000
- + Place in the recovery position
- + Perform CPR if unconscious

WHAT SHOULD WE DO IF WE FIND SOMEONE WHO HAS OVERDOSED FROM AMPHETAMINES?

- + Keep person safe and calm
- + Encourage fluid intake, 500ml per hour
- + Call 000
- + Place in the recovery position
- + Perform CPR if unconscious

RECOVERY POSITIONS



OVERDOSE MYTHS AND FACTS:

Do not put them in the shower. They could go into shock, get hypothermia or drown.

Do not let the person sleep it off.

Don't inject them with anything else, including water, salty water, coke a cola, milk, speed, any other stimulant or any other drug. This not only wastes time but if, in the panic, an unsterile syringe is used, it could expose them to HIV or viral hepatitis.

Do not try to induce vomiting. They might choke.

Do not get them to walk around or drag them around. This wastes valuable time and they may hurt themselves.

Do not hurt hit or burn the person. This will hurt them and will not bring them around.

Do not put anything in their mouth if they are having a seizure.

Do not force them to eat or drink anything.

Do not leave them in the street hoping someone else will find them. The ambulance immediately needs to know what is wrong with them and what they have taken.

YOU NEED TO KNOW IF SOMEONE IS SLEEPING OR UNCONSCIOUS

You can tell this by rubbing your knuckles on the middle of their chest. If this doesn't wake them, they are unconscious and you need to call an ambulance and start CPR anything else you do won't make any difference to whether or not they come round, and could cause them serious injury.

DRS ABCD

DANGER

Always check the area is safe for yourself, other and the patient

RESPONSE

Is the person conscious?

SEND

for help - call triple zero (000).

AIRWAY

Is the person's airway clear?

BREATHING

Check for breathing.

CPR

(cardiopulmonary resuscitation)

DEFIBRILLATOR

For unconscious adults who are not breathing, apply an automated external defibrillator (AED) if one is available.

**THE MOST IMPORTANT
THING TO DO IS CALL AN
AMBULANCE ON 000
OR IF YOU DON'T HAVE
ANY RECEPTION ON
YOUR MOBILE YOU CAN
CALL 112.**

We all hear about opioid overdoses and many of us have had friends and members of our family experience this first hand. Lots of messages are out in our community about how to avoid opioid OD, halve your hit, have naloxone on you, etc. Unfortunately when it comes to stimulant overdose, there is not as much information readily available. There are still a lot of people who think you can't OD on stimulants and myths about overdose in general.

So let's talk about the facts!

Overdose occurs when the level of intoxication from the drug reaches a point where it begins to produce physical and/or psychological harm.

There are a number of signs and symptoms that point out someone is in trouble.

Stimulant Drug Overdose

(e.g. Ecstasy, speed, cocaine, amphetamines)

- + Hyperactivity, sweating
- + Rapid breathing, or a feeling that you 'can't breathe'
- + Difficulty passing urine
- + Shaking / Trembling / spasms
- + Chest pain, pounding heart
- + Raised temperature
- + Body chills
- + Disorientation
- + Severe Headache
- + Vomiting
- + Paranoid, delusional, agitated, irritable, anxious or psychotic behaviour
- + Convulsions

It is not necessary for someone to have all of these signs or symptoms for them to be overdosing. Only a few could still mean they are in trouble and need emergency help.



STIMULANT

What can cause a stimulant overdose?

- + Using different drugs at the same time (especially injecting stimulants with other drugs such as heroin)
- + Not knowing a drugs purity or contents
- + Stronger tolerance to stimulants may lead to increased use and overdoses
- + Pre-existing health problems, particularly heart conditions and liver disease
- + Prolonged use (bingeing) and excessive sleep deprivation
- + Severe dehydration

What you should do

- + Stay with the person
- + Stay calm – do not panic
- + Reduce light and noise
- + Move into a quiet space away from other people
- + Be polite and respectful
- + Reassure the person that they will be ok
- + Encourage the person to take deep breaths
- + Find out if they are unconscious by gently shaking them to see if they respond
- + Place the person in the recovery position and check the airway, breathing and pulse.
- + Check to see if the person's airway is clear. If not, remove anything from their mouth and open the airway by tilting the head back and pulling the jaw down
- + Check breathing and feel for pulse.

If their condition does not improve, call an ambulance immediately. Remember, police will not attend overdoses unless there is a death or ambulance staff are threatened.

The easiest way to remember what to do is “If you are worried or unsure call” it could save a life .

References drugaware.com.au and youthrise.org



OVERDOSE



NALOXONE

INTO THE HANDS OF DRUG USERS!

WHAT IS NALOXONE?

Naloxone (also known as 'Narcan') is a safe, cheap, fast acting and reliable antidote for opioid overdoses. Naloxone has a long history as an effective opioid antagonist. This means it reverses the effects of opioids such as heroin, morphine, methadone, fentanyl and oxycontin).

Naloxone is a very safe medicine and has very few side effects- and you cannot get dependent on it. The medication works within 2 to 8 minutes to restore breathing and returns the person who has overdosed to consciousness.

Naloxone only works for opiate overdoses and will not work in the case of stimulant (speed, ice, cocaine) overdose or benzodiazepine (Xanax, Valium) overdose.

WHY USE NALOXONE?

Overdose is still the leading cause of death amongst heroin and opioid users in Australia and yet most of these deaths could have been prevented.

An opiate overdose is very serious. It may cause death or severe brain, heart and lung damage. However drug users are often reluctant to call for emergency assistance because of the fear police will accompany the ambulance. For these reasons it is really important to ensure people who use drugs have Naloxone available at the scene of an overdose.

Prompt use of Naloxone is critical. At the moment however, Naloxone administration is largely restricted to doctors and paramedics in Australia. There is often a significant time lapse between reporting an overdose and waiting for the ambulance with Naloxone to arrive. This can increase the risk of fatality or brain damage.

Research shows that another drug user is the most likely person to be present at an overdose. By training people who use drugs to administer Naloxone, response times can be shortened and lives can be saved.

NALOXONE PROGRAMS IN AUSTRALIA AND BEYOND

Distribution of Naloxone to drug users is now widespread throughout the UK and the US. Programs have begun in other countries too, including Russia, Thailand, and Vietnam. Australia's first Naloxone program commenced in the ACT a couple of years ago, and programs have also started in NSW, Western Australia and Victoria.

Most Naloxone programs consist of a short training program focusing on recognising and responding to overdose, how to administer Naloxone, and to develop their own overdose action plan including calling the ambulance.

In QLD, Biala (Roma St Clinic, Brisbane) held a 12 week trial for people who were interested in attending Naloxone training. Participants learned all about overdose, opioids, how to respond to an overdose and how to use Naloxone. At the end of the training, participants were given a script for Naloxone.

WHERE CAN I GET IT?

If you are using opioids, it is always a good idea to have Naloxone handy.

Any doctor can prescribe Naloxone for you. Unfortunately, many GP's don't know much about it so you may have to ask specifically for Naloxone.

Some chemists will not always have Naloxone in stock, so it is a good idea to ring your local pharmacy first and ask if they can get it in for you.

HOW MUCH DOES IT COST?

If you are on government benefits, have a health card or pension card, then the cost of Naloxone from a pharmacy is the cost of a normal script (under \$7). If not, then it will cost you around \$36.

LEGALITIES

It is legal to carry Naloxone on you or to have it at home.

If you get searched by police, they may not have ever seen or heard of Naloxone before. Of course if the Naloxone is in your name and all your details are on the packet, then there shouldn't be any trouble at all.

It is a good idea to ask your GP for a little card, or note, or something you can carry with you that explains what Naloxone is, in case you ever get pulled up by the Police. Also, your local drug user organisation (QuIHN) may also be able to help in the same way.

When Biala ran the Naloxone program in Brisbane, Police and ambulance were contacted and educated about what Naloxone is and were told that there may be people in Brisbane carrying it with them. Things like this can help.

The more people who carry Naloxone the more the Police will get used to it.

EXPANDING ACCESS TO NALOXONE

Methadone clinics, drug treatment clinics, halfway houses, prisons, pharmacies, and homeless services are all places that could have Naloxone programs. In some places police have even been trained as overdose responders. Pharmacies can expand access by contacting a patient's doctor to suggest a Naloxone prescription when they're filling a prescription for a patient at risk of an OD. The doctor can then issue a prescription and pharmacists can do the Naloxone training.

IF YOU WANT TO DO THE NALOXONE TRAINING OR FIND OUT MORE, PLEASE CALL QUIHN BRISBANE.

THINK YOU'RE

OVERDOSING ON ICE?

Drink
water

STAY
CALM

Tell
a
friend

Get some
fresh air

Go to
a quiet
place

Ring
an
ambulance

Sit or
lie down

Stay cool
with wet
cloths on
the neck

WHAT DO YOU THIRST FOR?

WHAT DO YOU THIRST FOR? WHAT IS YOUR PLEASURE?
WHAT DO YOU NEED? WHAT DO YOU TREASURE?
DO YOU THIRST FOR A DRINK, JUST SO YOU CAN SLEEP?
DO YOU THIRST FOR A DRINK YEARNING FOR PEACE?
DO YOU THIRST FOR SOME DOPE, SO YOU DON'T HAVE TO THINK?
DO YOU THIRST FOR A SMOKE AS WELL AS A DRINK?
WHAT DO YOU THIRST FOR? WHAT IS YOUR PLEASURE?
WHAT DO YOU NEED? WHAT DO YOU TREASURE?
DO YOU THIRST FOR COCAINE TO CHASE AWAY PAIN?
DO YOU THIRST FOR SOME ACID AND TRIPPING INSANE?
DO YOU THIRST FOR THESE THINGS IN SEARCH OF RELEASE?
IS YOUR THIRST FOR THESE THINGS A SECRET YOU KEEP?
WHAT DO YOU THIRST FOR? WHAT IS YOUR PLEASURE?
WHAT DO YOU NEED? WHAT DO YOU TREASURE?
DO YOU THIRST FOR THE MONEY TO SUDDENLY FLOW?
WILL YOU SPEND ALL TODAY? THEN FEAR TOMORROW?
AND WHEN IT'S TOO LATE, DO YOU THINK YOU WILL KNOW?
WHATEVER YOU DO, YOU REAP WHAT YOU SOW.
DO YOU THIRST FOR SEX AT YOUR LOVER'S EXPENSE?
DO YOU THIRST FOR SEX THAT DOESN'T MAKE SENSE?
ARE THE ONES YOU LOVE JUST THORNS IN YOUR SIDE?
BECAUSE THEY DISRUPT YOUR DELUSIONAL RIDE?
THEN WHEN THEY COME ROUND DO YOU RUN AND HIDE?
SO THEY CAN'T SEE THAT YOU'RE LIVING A LIE
WHAT DO YOU THIRST FOR? WHAT IS YOUR PLEASURE?
IT'S NOT US YOU NEED
IT'S NOT ME YOU TREASURE

FIONA MAY 2012

WALK A MILE WITH CRAIG

ROD: HI CRAIG, I THANK YOU FOR AGREEING TO BE INTERVIEWED FOR OUR CLIENT'S MAGAZINE TRACKS. CAN YOU TELL ME HOW LONG YOU'VE BEEN A PARAMEDIC?

Craig: About 24 years.

WHAT MADE YOU CHOOSE THIS PROFESSION?

A mate of the family was working as a paramedic and he seemed to enjoy his job, so I thought it might be a job that I'd enjoy doing. That was 24yrs ago and I have loved every minute of it.

IS IT WHAT YOU THOUGHT IT WOULD BE STARTING OUT?

It has its moments, but it's always interesting. So yeah, it's a total package of the health industry.

DO YOU SEE MANY OVERDOSES ON THE SUNSHINE COAST?

Over the years many, many overdoses, but it's been declining over the last couple of years. Until about 8 years ago Heroin was a real problem. Opiates are still a problem, just not as bad. Overdosing on amphetamines and prescription medications seem to be the main cause of overdoses now.

ARE THERE ANY SPECIAL PROCEDURES YOU NEED TO EMPLOY FOR OVERDOSES?

No, not really. Just the basic procedure of clearing the airway, rolling into the recovery position, and generally making sure they can't injure themselves if they have a seizure. If it's opiates, then we will inject Narcan. Most methadone overdoses cause problems because the person overheats, & organs can start to fail if not treated in a timely manner. This could mean that we start a saline drip to get fluids into the person, as well as trying to cool the outside of the patient's body.

NOW NARCAN IS A SHORT ACTING DRUG. IS THERE ANY SPECIAL PRECAUTIONS A CLIENT MIGHT NEED TO KNOW?

Yes, there is. They need to be very careful that they don't overdose again after treatment. If the opiate dose was a large one, then the opiate can last longer than the Narcan. Therefore they could re-narcotise (overdose) again when the Narcan wears off. The risk is even greater for methadone clients & the new long acting opioid based medications, simply due to the long acting time frame of these types of drugs. I've also treated people who have gone and used drugs straight after we've treated them with Narcan, and therefore overdosed again. When we asked them why

they used so soon after Narcan treatment, we were told "they believed that Narcan would send them into withdrawal, so they went and "got on" again". This is not the case. Narcan itself can't cause withdrawal. We only give enough Narcan to stop the depression of the nervous system. This doesn't lead to withdrawal, it's just enough to save a life.

ARE YOU REQUIRED TO CALL THE POLICE?

Shit no!! The only time we would call the police is when the patient shows that they are a danger to either us, as first responders, or members of the public. Basically if you behave yourself, then you have nothing to fear.

IS THERE ANYTHING LIKE NARCAN FOR AN AMPHETAMINE OVERDOSE?

No, there isn't really anything that we can give for an Amphetamine overdose. The only thing is giving fluids, & keeping the person cool as they usually are dehydrated.

EXCEPT FOR THE USUAL DRUGS, WHAT OTHERS CAN PEOPLE OVERDOSE ON?

There's heaps unfortunately. We're talking anti-psychotics, tricyclic antidepressants, Endep, Endone etc. The tricyclics antidepressants are the real nasty ones. They cause severe heart problems and people can die really easily from cardiac arrests. They tend not to use them anymore for depression. They are starting to use them for neuropathic pain though and people think, "I feel great from two pills, so four should be better". WRONG!!! That's when they get into trouble.

It also seems to go in cycles as doctors change their prescribing habits. The tricyclics are an example. Initially, they were prescribed for depression, but they got a lot of bad reactions so they stopped using them. So overdoses from these drugs dropped. Then they started to prescribe them again for nerve pain, and now overdoses are starting again. It seems they haven't learned from their mistakes.

ARE THERE ANY OVERDOSES YOU DON'T LIKE TO RESPOND TO?

All of them really, because it breaks my heart to see people in so much distress, but no, most of the time we don't know it's an overdose. We get the call, "person collapsed", and usually that's all the info we get. So no, there isn't any I wouldn't respond to, as it's a life that's in danger and that's my job. The only ones that

are a bit scary are where both alcohol and drugs are combined. Because some of these patients can get belligerent and aggressive, simply through confusion because of what's happening to them.

DO YOU GIVE ANY SORT OF INFO REGARDING REHAB TREATMENT AT THESE JOBS?

We used to have a project called Project Dove a few years ago. We would give cards out with the phone number of a counsellor who could direct you to the appropriate services. I don't know what happened to the project, but I haven't seen it in a couple of years. I thought it was a good initiative, but who knows what happened to it?

ARE THERE ANY STRANGE/FUNNY THINGS THAT YOU HAVE SEEN ON THE JOB?

Yeah, one of the funniest, but saddest at the same time, was a lady who got addicted to the reversal drug given for her type of overdose, (it wasn't Narcan though, as it's not addictive).

SHE WAS ADDICTED TO THE REVERSAL DRUG??

Yeah, she would deliberately overdose on a certain medication, just so we would inject her with the reversal drug (again, NOT NARCAN). She would have a dystonic reaction to the medication (a dystonic reaction is where your muscles, jaw, neck, etc tighten severely and lock up. It's similar to a severe adverse drug interaction), so we would have to give her the reversal. It may sound weird, but it does happen.

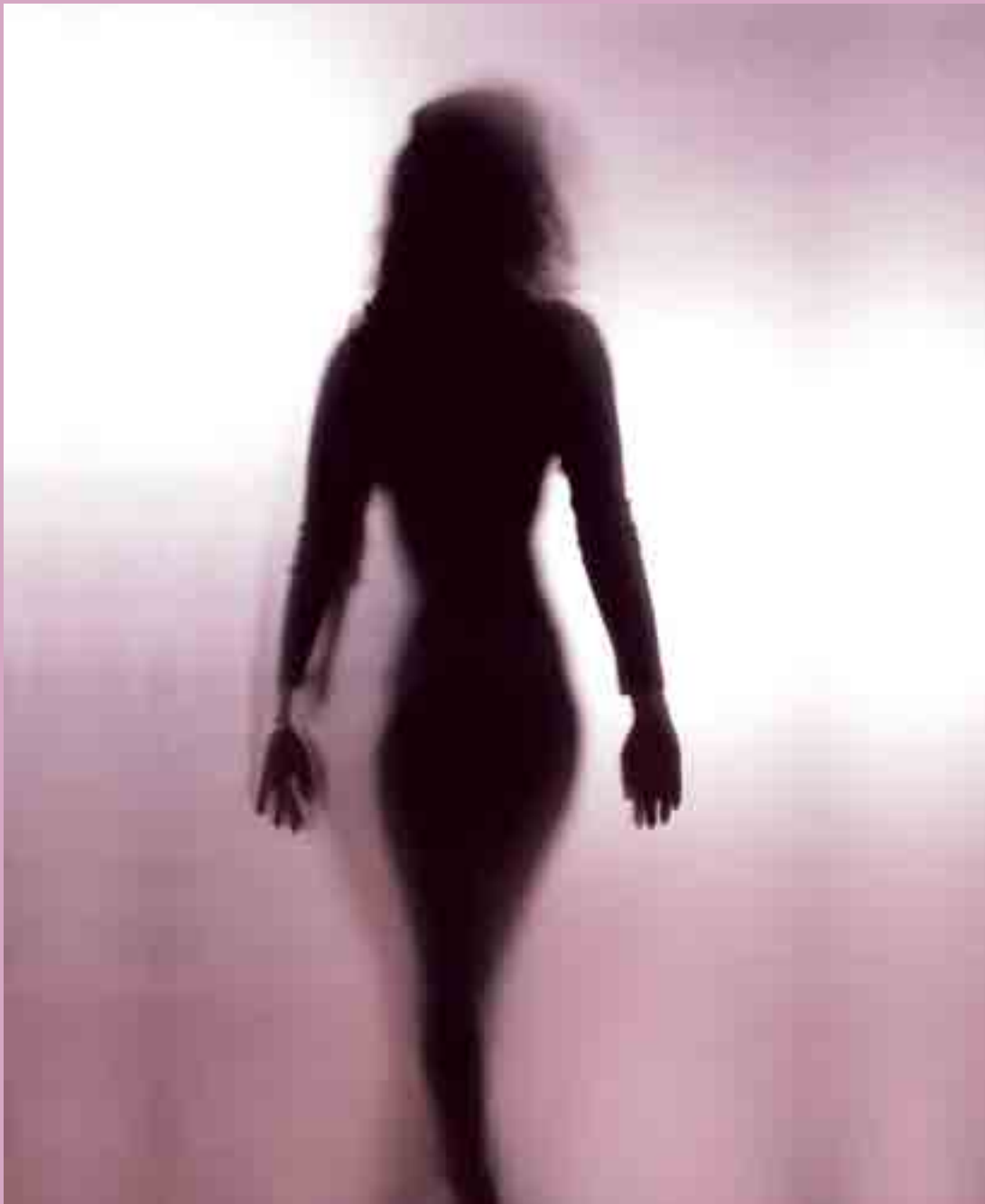
NOW AS A LAST QUESTION IS THERE ANYTHING YOU WOULD LIKE TO TELL OUR CLIENTS?

Yes I would. Keep it simple. If it's an opiate overdose, don't be afraid to call an ambulance because we DON'T call the police. If it's an amphetamine overdose, keep the person cool, maybe with a wet towel (if they are overheated), and try to get them to drink some fluids (a mouthful every 10 minutes). Also if you take lots of medications, get a film cannister, write a list of all your meds on it, then put it in the fridge. The reason for this is we usually look in the fridge to check for medications. Finally, if you drink alcohol, PLEASE don't mix it with drugs as your chances of overdosing skyrocket if you mix alcohol with drugs.

Please take care and stay safe.

Cheers, Rod.





THE DAY SHE NEARLY DIED

My mum has always used heroin on and off for as long as I can remember. I was one of the lucky ones because I was kept away from her drug use, it was never rubbed in our faces. When I was 13 my mum had decided she wanted to get clean and decided that a home detox was the best idea; so all the steps were taken, including a doctor and 24 hour carer for her and one for me.

About two days into it, things were moving along, when all of a sudden mum demanded that her acupuncturist come over now because it would help with the pain and issues she was having. So he arrived about 20 minutes later, hung around for a little bit then left. Everyone was settling down for the evening, when I could hear the nurse yelling my mother's name, I went to her en-suite and could see my mother lying on the ground, with her partner and a nurse performing CPR on her.

They managed to bring her back, thankfully - it is still one of the scariest moments in my life.

YOUNG PSYCHOPATH

PUSHED TRAPPED YOUNG PSYCHOPATH
 SEX PAIN: EXCUSES SO LAME
 BEND BREAK: LIBERTY TAKE
 REAPED SOWN: SUFFERING KNOWN
 HOWL SCREAM: DISSOLVING AT SEAMS
 FAITH INFRINGED: MIND COMES UNHINGED
 BURN FIRE: DISTRACTING DESIRE
 BLOOD VEIN: ADDICTION UNTAMED
 BORROW TAKE: CURRENCY MAKE
 STRIPPED BARE: BODILY FARES
 HE STEAL: BLASPHEMOUS ZEAL
 BEG HEAD: UNENDING NEED
 RIPPED TORN: PERMANENT SCORN
 FURY FEAR: FOUL TAINTED GEAR
 ANGER UNSTABLE: INSANITY: SABLE
 VIOLENCE RAGE: DEMONS UNLEASHED
 REVENGE SEEK: MURDEROUS LEAP
 SEE RED: ONE DEALER: S DEAD
 ARREST CELL: UNHOLY HELL
 QUIT SHAME: STAINS JUST THE SAME
 FREEDOM WON: INJECTABLE TUNGE
 NONE DESPAIR: DEVOID OF CARE
 SCORE SNAKE: QUALITY RARE
 DARK NIGHT: SMOTHERING LIGHT
 SIDDEN STILL: NO MORE EMPTY THRILLS
 COLD RAIN: NO MORE PAIN
 DEATH PEACE: GENTLE RELEASE
 SLEEP DIE: AND NO ONE TO CRY
 DEAD SIPPED: TOO YOUNG PSYCHOPATH

FIONA LOUISE 2014



JUL 2015

TUE

28



Hepatitis
Queensland

WORLD HEPATITIS DAY

World Hepatitis Day (WHD) 2015 is coming! Queensland's theme this year is *Time to Act*. Visit Hepatitis Queensland's website at www.hepqlld.asn.au or join our email network and like us on Facebook to see what events will be held in your area.

We have free WHD resources and promotional packs for raising awareness of viral hepatitis for your service/organisation. A WHD resource order form will be available at www.hepqlld.asn.au in the first week of June.

HEPATITIS QUEENSLAND
1300 HEP ABC (1300 437 222)
WWW.HEPQLD.ASN.AU



info@respectqld.org.au
www.respectqld.org.au



WHO WE ARE

Respect Inc. is a peer-based non-profit association focused on the rights and the wellbeing of sex workers in Queensland.

OUR VISION

A society where all sex worker rights are realised, and all Queensland sex workers are aware of and feel confident to access all of the information and support we want and need to enable us to be empowered and control our own lives, health and occupational circumstances, equal to others in the workforce.

OUR SERVICES

- **Supplies for Sex Work**– cheaper supplies for sex workers.
- **Drop In Spaces**– safe spaces for sex workers to drop in, have a chat, watch tv, grab a tea or coffee or just hang out.
- **Peer Support**– referrals to sex worker friendly services, networking, information, debriefing, assistance with self advocacy, assistance with court, police, immigration and other legal issues and crisis assistance.
- **Community Education**– educating the wider community on realities, myths and stereotypes about sex workers.
- **Outreach**– regional outreach trips, outreach to sex worker businesses (brothels) and private visits to sex workers in all sectors.
- **Workshops**– face to face educational sessions.



BRISBANE

28 Mein St, Spring Hill 4000

Phone: 07 3835 1111

CAIRNS

7/24 Florence St, Cairns 4870

Phone: 07 4051 5009

TOWNSVILLE

118a Charters Towers Rd,

Hermit Park 4812

Phone: 07 4724 4853

GOLD COAST

4 Bay St, Southport 4215

Phone: 07 5657 0857



QuiHN Harm Reduction worker Andrew Eddy

Introducing

ANDY EDDY

from QuiHN Gold Coast

HOW LONG HAVE YOU WORKED WITH QuiHN FOR?

I have been with QuiHN for two years now. And absolutely love it !!!

WHAT DO YOU ENJOY MOST ABOUT WORKING FOR QuiHN?

I enjoy supporting people who inject drugs who are looking or wanting to start treatment for Hepatitis C. I feel it is a fantastic opportunity to provide a person with the option to support them through the treatment process and make a significant difference in their life. I enjoy walking alongside the person through their treatment, who share that particular part of their life with me is awesome. Including the people that I come into contact with everyday through the NSP and listening to the stories they share with me about their personal lives whether it is good or bad.

WHERE DID YOU WORK BEFORE YOU STARTED WORKING FOR QuiHN AND WHAT WAS YOUR ROLE?

Before I started with QuiHN I was working in the construction industry for 15 years, my role was supervising and running a rendering crew on the Gold Coast.

WHAT MOTIVATES YOU TO WORK IN THE ALCOHOL & DRUGS SECTOR?

Passion, drive and personal experiences is what motivates me to work in the AOD sector and the people I meet and engage with daily to put a smile in their day.

WHAT DO YOU LIKE TO DO OUTSIDE OF WORK?

Outside of work I play premier rugby union on the Gold Coast it keeps me fit healthy. I enjoy the physicality side of it and the social aspect.

IF YOU COULD WAVE A MAGIC WAND WHAT WOULD YOU CHANGE IN THE WORLD?

I would have to say to wipe out stigma and discrimination against people who inject drugs as I know first hand the impacts this has on people's lives and the potential barriers people face when confronted by stigma and discrimination.

WHICH FAMOUS PERSON WOULD YOU HAVE DINNER WITH?

Which famous person would I have dinner with; I would have to say the All Black Captain Richie McCaw is someone I have looked up to. He is dedicated, determined, team focused a tireless worker and inspirational leader.

TIDE Project

Hepatitis C Case Management and Support

HEPATITIS C INFORMATION, SUPPORT AND TREATMENT PROGRAM

- + Are you sick and tired of feeling sick and tired?
- + Have you been told you have Hepatitis but not sure if you still have it or how your liver is?
- + Unsure of what your options are?

Are you thinking about Hepatitis C Treatment or want to know but not sure how to go about it?

Feeling confused and anxious after hearing stories about treatment?

Scared about doing treatment alone?

NEVER FEAR!! QUIHN IS HERE!!

Come and have a chat with our QuiHN Harm Reduction Team for more information.



LOOKED DOWN UPON

HERE'S A STORY BOUT A LITTLE OLD GUY
WHO SPENDS HIS DAYS, BOOTIN UP, GETTING HIGH
LOOKED DOWN ON BY MANY, WHO MET HIS ATTENDANCE
SO LISTEN TO THIS, SPELT OUT SENTENCE BY SENTENCE

SITTIN UNDER CURRA'S BRIDGE, WHACKED OUT OF HIS HEAD
GETS LAUGHED AT BY KIDS, CAUSE HE AIN'T GOT A BED
BUT IN MY EYES HE'S STRONG, HE FOUND A WAY TO SURVIVE
SO I SHOUT HIM A BONG AND HE HELPS ME REALISE

THAT LIFE CAN BE WHATEVER YOU MAKE
WHILE WE SIT AND SKIP STONES ACROSS CURRA'S LAKE
AND WONDER HOW THE FUCK ME AND HIM GOT SO BAKED
PLENTY WE GIVE AND PLENTY WE TAKE

YOU THINK YOU'VE HAD IT HARD? YOU THINK YOU'VE HAD IT TOUGH?
AS YOU FLICK THROUGH YOUR CREDIT CARDS, YOU AIN'T NEVER HAD IT ROUGH
YOU AIN'T NEVER BEEN IN CUFFS FOR BEIN YÁ SELF
AIN'T NEVER NEEDED HELP AND THE JUDGEMENT THAT'S FELT

NOW HERE IS A VALUED LESSON FOR LIFE
TO BE A GOOD PERSON YOU DON'T NEED TO PRAY TO CHRIST
BUT COMING FROM HINDSIGHT DID HE EVEN FIGHT FOR LIFE?
LOOK THROUGH SOCIETY'S LIES, OF WHAT IS WRONG AND WHAT IS RIGHT?

DID I SAY OLD? HE'S ONLY 27, BUSTING DOWN HELL'S DOOR TO GET INTO HEAVEN
THEN I SEE A KID AGED BOUT 11, WORLD AT HIS FEET, BETTER WATCH WHERE HE'S STEPPIN
OR HE'LL CRUSH THIS WORLD AS IT'S LAID BEFORE HIM AND END UP LIKE THIS MAN HE'S IGNORIN

THE BOOK OF LESSONS, HE WAS TOLD.
WHEN HE WAS THIS KID'S AGE, HE WAS TOO WAS BOLD.
NO! THIS DOESN'T MAKE HIM SCUM,
HE'S JUST MADE BAD CHOICES SINCE HE LOST HIS MOM
BUT TO MOST HE'S JUST A BAD ASS JUNKIE, A BAD BRASS MONKEY,
SMACK STEALS ALL HIS MONEY, BUT IT AIN'T FUNNY

STILL I'D RATHER TALK TO HIM THAN BILL GATES HIMSELF
HOME INVASION, HIS ACTION STEALTH,
NO ONE WILL HELP, JUST LOOK WITH IN YOURSELF.
TRY TO JUDGE NONE CAUSE THEY'RE AS STRONG AS ANYONE.

DANNY ANARCHY 2014

Avoid

an

overdose

Know *your* risks

Avoid **mixing** drugs

Look after your **mates**

Do it with a friend

Call an *ambulance*

Let someone know where you are

Know your **tolerance**

Halve your hit

Use the same dealer

Know the **signs** of an overdose

Talk to the *NSP* staff

Learn how to treat an overdose

SOUTH-EAST QUEENSLAND & BRISBANE NEEDLE & SYRINGE PROGRAM LOCATIONS

QulHN Brisbane (pp)

1 Hamilton Street, Bowen Hills QLD 4006
T 07 3620 8112 / Open Mon to Fri 9am - 7pm

QulHN Cotton Tree (pp)

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

QulHN Gold Coast (pp)

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

QulHN Southport (pp)

16-30 High St, Southport
T 07 5687 9039 / Open Mon to Fri 10am - 4pm

Beaudesert Hospital

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

Beenleigh Community Health Centre

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

Biala (pp)

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

Brisbane Youth Service

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

Brown's Plains Community Health

McKean St, Caboolture
T 07 5433 8300

Caboolture Community Health (pp)

McKean St, Caboolture
T 07 5433 8300 / Open Mon to Fri 8am - 4.30pm
AH Needle Dispensing Machine

Caloundra

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

Cherbourg Hospital

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

Chinchilla

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

Dalby / Goondra

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

Dalby Hospital

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

Dunwich Health Service

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

Esk Hospital

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

Gympie Community Health

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

Inala Community Health (pp)

64 Wirraway Parade, Inala
T 07 3275 5300 / Open Mon to Fri 8.30am - 5pm

Inglewood Hospital

Cunningham Highway
4652 1311 / Open 24 hours 7 days

Ipswich Sexual Health (pp)

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

Jandowae Hospital

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

Kilcoy Hospital

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

Kingaroy Community Health

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

Laidley Rural Community Health

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

Logan Central Community Health (pp)

97-103 Wembley Rd, Woodridge
T 07 3290 8923 / Open Mon to Fri 8am - 4.30pm

Maleny Memorial Hospital

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

Millmerran

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

Murgon Hospital

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

Nambour Hospital (pp)

Cnr Mapleton & Hospitals Rd, Nambour
T 07 5470 6869 / Open 24 hours 7 days

Manago Hospital

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

Noosa Community Health (pp)

14-16 Bottlebrush Ave, Noosa Heads
T 07 5449 5944 / Open Mon to Fri 8am - 4.30pm

North West Community Health

49 Corrigan St, Keperra
T 07 3335 8888 / Open Monday to Fri 8.30am - 5pm

Nundah Community Health

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

Proston Outpatients Clinic

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

Redcliffe Community Health Centre (pp)

Redcliffe Health Campus, 181 Anzac Ave, Kippa-ring
T 07 3897 6300 / Open Mon to Fri 8am - 4.30pm

Redlands Community Health

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

Stanthorpe Health Services

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

Strathpine / Pine Rivers Community Team

568 Gympie Rd, Strathpine
T 07 3817 6333 / Open Mon to Fri 8.30am - 5pm

Tara Hospital

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

Texas Multipurpose Health Services

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

Toowoomba Sexual Health

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

Warwick Health Service

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

Wondai Health Service

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

Wynnum Hospital

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

