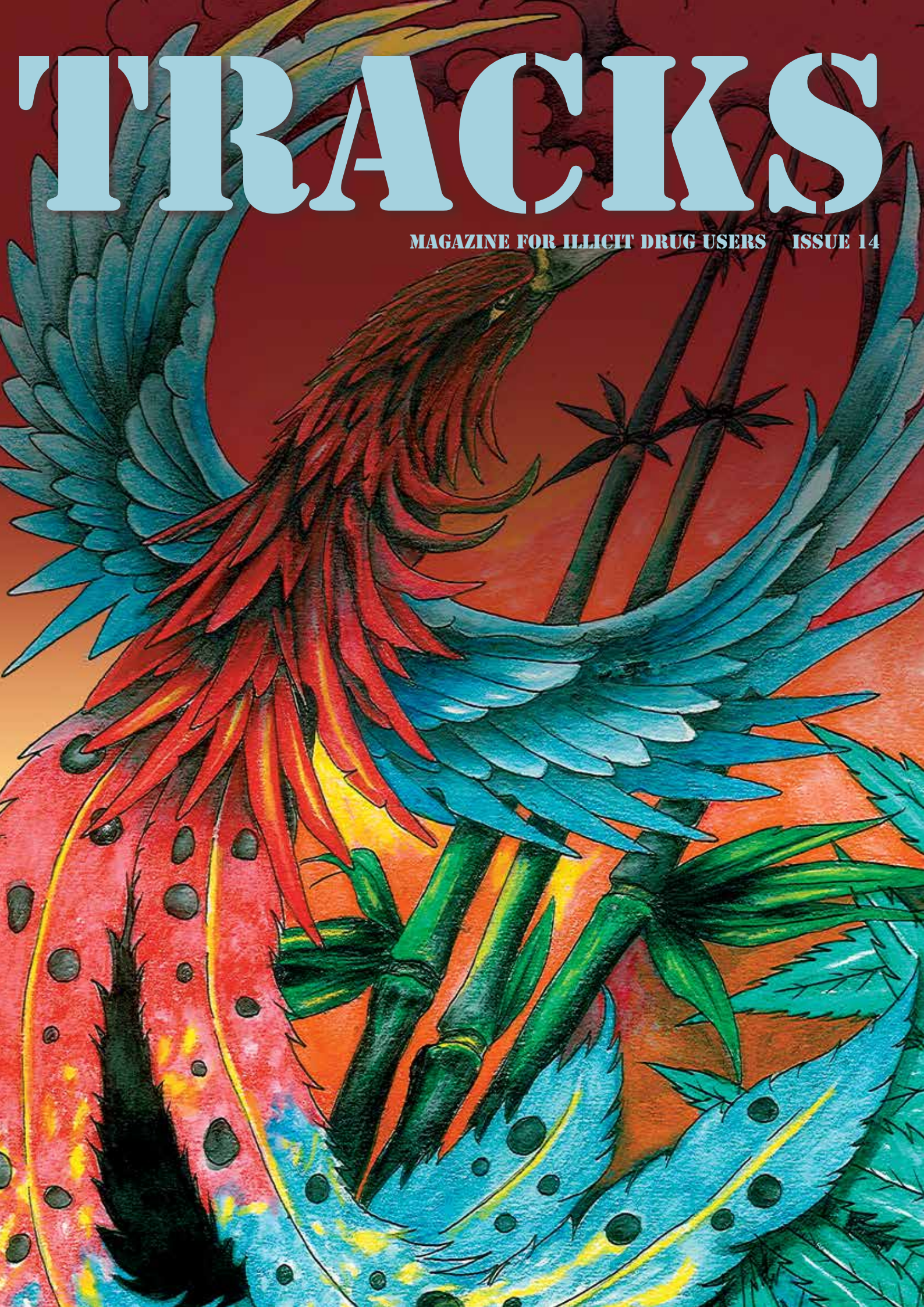


'TRACKS

MAGAZINE FOR ILLICIT DRUG USERS ISSUE 14



From the Editor

Address: Tracks Editorial Panel
PO Box 2470
Fortitude Valley QLD 4006, Australia
Telephone: 07 3620 8111
Fax: 07 3854 1070
Email: quihn@quihn.org
Website: www.quihn.org

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).

QuiHN Brisbane	07 3620 8111
QuiHN Gold Coast	07 5520 7900
QuiHN Sunshine Coast	07 5443 9576
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.

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

Christmas is generally regarded as a time of getting together with all the people in your life that you hold dear, such as close friends and family. It's a time of celebration and relaxation, the holiday season and a time of just 'chillin' out' and having a good time. But let's be honest, it is also a time of stress and anxiety for many, if not most people.

Battling through shopping centres, standing in queues, hoping you got the right gift and spending a damn lot of money are most people's ideas of stress at Christmas. However there are also a great number of people who don't have a big social network to spend the festive season with. Christmas can be a cause of sadness and elevated stress levels for many people who find themselves alone at this time of year. The reasons for this are endless, but can include - relocation to another city or state far from family, a marital break-up or family estrangement. It is, by definition, a time of reflection and nostalgia, so for folks who have lost a loved one, for instance, the loneliness is felt more keenly. The emphasis on family, friends and sharing good times during the "festive season" can make people feel depressed and unloved. It can be hard to not feel lonely. On average, Lifeline speaks to over 1,400 people a day around Christmas and New Year, each call lasting around 20 minutes and each with its own unique emotional crisis (www.lifeline.org).

For many people, it is the expectation that they MUST be overly cheery and happy, and that it HAS to be a great time, that is most depressing. As a domino effect, to combat these issues, many people drink more, eat more, and sleep less which can only lead to further issues... But you know what? Even those of us that do have all of our friends and family around can find Christmas to be a struggle at best, and downright horrendous at worst! So here are the Top 5 tips to help get you through the Christmas period and safely out the other side..... Understand that it is common for

people to feel stressed at this time of year, and don't expect too much. This seems to be a common problem as so much emphasis is placed on the event to be the 'happiest time of the year'. It's Christmas, not Disneyland. Limit alcohol. Enough said.

Talk to someone about how you are feeling. You may find that you are not alone in your outlook on Christmas. If you must buy presents, choose one family member, in a Kris Kringle-type arrangement, or only buy for the children in the family (unless you are the Brady Bunch).

Some people choose to stay in, shut the doors, and then 're-emerge' on December 27. If Christmas isn't for you, this may be a reasonable option. Who says you have to participate? Some other things to consider might be using this time to volunteer at your local soup kitchen or help out at a nursing home, these things can help keep you busy and make the dreaded Christmas period go faster, not to mention making you feel good about yourself in that you have helped out someone in need.



HAPPY CHRISTMAS



NEVER SAY I LOVE YOU

*Never say I love you if you really don't care,
Never speak of feelings if they really aren't there
Never hold my hand if you plan to break my heart,
Never say you're going to if you never plan to start,
Never look me in the eyes if you only plan to lie
Never say hello my love if you really mean goodbye,
If we are to last last forever then both of us must try
Because in this forever and forever never dies*

SCULLY 2012

INDEX

Mental Health Myths	4
STICKS AND STONES	5
Dixie's Diary	6
Jaycee's Story	8
What to do?	9
END OF DAYS a poem	9
Breathing in	10
LG Ward	10
R U O.K???	11
Mindfulness Skills	13
Sitting with the doctor ...	14
The Jester	16
Hep C and your Head	18
LISTEN	20
Living with Stephen	21
What is Mindfulness?	22

Mental Health Myths

Mental Illness Mythology- some of the myths around mental illness.

Myth: Mental disorders are not true medical illnesses.

Fact: Mental disorders are the same as any illness and can be treated just as any illness can be treated.

Myth: You must be born with a mental illness.

Fact: 45% of all Australians will suffer with mental illness at some time in their lives, often brought on by changing circumstances.

Myth: People with a severe mental illness, such as schizophrenia, are usually dangerous and violent.

Fact: Statistics show that this isn't the case and those suffering from an illness such

as schizophrenia are more often frightened and confused than violent.

Myth: Mental illness is the result of bad parenting.

Fact: Most experts agree that mental illnesses have a physical cause, which can be affected by other physical and emotional conditions. added to by other effects.

Myth: People who are depressed are just weak and could snap out of it if they really tried.

Fact: Depression has nothing to do with being weak. It results from changes in brain chemistry or brain function.

Myth: Depression and anxiety do not affect children. Any problems they have are just a part of growing up.

Fact: Children can develop mental illnesses. Child and teenage suicide is a real issue.

Myth: Addiction is a lifestyle choice and shows a lack of willpower. People with a substance abuse problem are weak or "bad".

Fact: Addiction is a disease that results from changes in brain chemistry. It has nothing to do with being a "bad" person.

<http://thyroid.about.com/library/news/blmentalmyths.htm>
<http://www.responseability.org/site/index.cfm?display=134882>

STICKS AND STONES MAY BREAK MY BONES, BUT NAMES WILL NEVER HURT ME...

Unfortunately, words do hurt and can cause a great deal of harm. Recent media reports have prompted discussion about ways to reduce stigmatising mental health-related language.

According to SANE Australia CEO, Jack Heath, research conducted by the national mental health charity has found that many people living with a mental illness say the level of distress caused by stigma can be comparable to the symptoms themselves.

In addition to the hurt and social isolation that stigma causes, it can also lead to discrimination and even 'self-stigma', where some people are so affected they come to accept stigma as the truth, leading to low self-esteem, low expectations, and a generally negative view of self and social worth.

SANE Australia's StigmaWatch program is part of the Federal Government's Mindframe Initiative – a major initiative designed to combat stigma. The program, which has been running for twelve years, reflects community concern about media stories, advertisements, and other representations which stigmatise mental illness or inadvertently promote suicide. Where issues are raised by members of the public or the mental health sector, SANE Australia then follows up with the relevant media organisations and individuals in an effort to remedy the situation and reduce stigma.

With as many as 450,000 Australians experiencing severe mental illness and millions more affected indirectly, we need to have greater public discussion about the path forward. In relation to suicide, around 2300 Australians die by suicide each year with suicide being the leading cause of death for younger age groups. So national and local conversations on mental illness and suicide prevention are definitely needed.

It's also important to acknowledge the powerful role the media plays in these conversations and to point out that Australian journalists are probably more responsible than any of their counterparts overseas. Research shows that the conversation on suicide and mental illness has increased and improved markedly.

Within Australia, from 2001 to 2007 the Media Monitoring project showed that there were significant improvements in the reporting of suicide and mental illness:

- Across all media, reporting on both suicide and mental illness increased by around 250%.
- In the scale of quality, suicide items increased from 57% to 75% and mental illness increased from 75% to 80%.
- Descriptions of the method of self-harm fell from 51% to 14%;
- Inappropriate language around suicide fell from 42% to 6%.
- Inappropriate language around mental illness fell from 20% to 6%.
- Suggestions that all people with a mental illness are the same fell from 17% to 3%.
- Sensationalist headlines fell from 29% to 7%.

At the same time, we have some way to go. The same studies found that the number of articles which stigmatised mental illness only fell from 14% to 11% – an improvement but not enough.

Furthermore, studies have found that irresponsible media coverage of suicide can have harmful effects.

Research conducted by Pirkis and Blood (2010) investigated the relationship between media representations of suicide and actual

suicide deaths. This critical analysis of international evidence about suicide in the news and information media (including the internet) found that certain elements of news reporting can contribute to a "copycat" effect, or suicide contagion. Stories which dramatise or romanticise individual deaths, or provide details of locations and methods can increase the risk for people who may be feeling vulnerable.

In 2011 the Australian Press Council released updated Standards Relating to Suicide reporting. The Standards reinforce the need for responsible reporting and discussion about suicide, while also reminding Australian media outlets to be mindful of the impact the reporting of individual deaths can have on readers. The Standards emphasise what the media can do to support suicide prevention activities, such as including helpline details in stories, whilst protecting vulnerable people by not providing details of methods.

It is absolutely essential that we tread a middle path in all this: we need to talk about suicide and mental illness more openly but we also need to ensure we do no harm in the process. In suicide prevention, good intentions are never enough. We need to be confident that, in our sincere efforts to help, we are not inadvertently putting more lives at risk. We need cool heads to match our warm hearts.

At the end of the day, getting it right requires a whole of community approach. There is firm evidence of the many forms of harm done by stigma and that continuing to improve media depiction of mental illness and suicide is essential, life-saving work.

Published on 21 August 2012.

For more information please go to: <http://www.sane.org/stigmawatch>



Dixie's Diary from harassment

I often wonder why Dixie, my drag queen character had reason to hide behind a mask of make up and mannerisms. As Dixie I was able to perform on stage and receive adulation in public. I feel that due to the harassment that I went through as a kid, a teenager and in my employment Dixie was created to enable me to be out there but not recognised (even though people knew Dixie was me they acknowledged me as Dixie).

The harassment started at school from about the age of 11. I couldn't understand why other males were calling me a poofter, or a faggot because most of the time when I was at school I

had a girlfriend. Some of the most beautiful girls were my girlfriends and sometimes I think that the bullies were jealous as they wanted to go out with the girls rather than me going out with them.

Well school started getting way too much for me to handle, I got myself a part time job in a very male dominated profession, a butchers shop. All of those guys were great, they were all adults and treated me as an adult and they were terrific to work with.

I wanted to leave school but my mother would not let me unless I was working full time. I loved aircraft and I was in the air force cadets when I was at school. I then applied to join the Royal Australian Air Force (RAAF) but got rejected. 6 months later I joined the Royal Australian Navy (RAN) and was with the Navy for 5 years. I love big ships, anything that is a mega

construction, or things that go faster than sound.

Anyway, silly me, I thought joining the Navy would stop the harassment I was on the receiving end of when I was at school due to strict discipline, little did I know that I would be living with 100 other teenage males and the harassment didn't stop, so I started thinking – "maybe I am gay?". I had never thought that before as I liked women better.

I have spoken to both men and women and asked them "Do I look Gay?" "What does a gay person look like?" When I was 19 I went to a gay nightclub and noticed that it was a non judgemental environment and people there treated everyone as a big family. Talking to people in the club I realised I wasn't alone - other people had gone through

similar experiences to me. I went to the '93 Mardi Gras with a female who was hot and I slept with that night. She encouraged me to explore other pathways, so I decided to try that path and followed it for the next 12 years. I don't think that I fell in love due to my drug use, I mean lust was there but not love. During

rarely took drugs. Once I cleaned myself up drug wise I went to a few gay nights at clubs but I sort of felt that I wasn't interested in that scene so I gave that scene up about 4 years ago. It seems strange but even if I come across a good looking guy I can't even consider having sex with him. I am more interested in women now.

to fulfilment

this decade I had relationships with 2 men and 2 women.

I feel that it was the gay scene which started me using drugs. It was so unreal, all of these drugs and everyone was hugging each other, male or female, Eckies, Trips, Speed, Ketamine, Coke, these were the early drugs that I tried, then a bit later I was on Heroin, Morphine, Fentanyl (I had to try it), Benzo's and Barbiturates.

I didn't believe that I was gay but I could put on a great drag show, camp it right up and the drugs, sex, drugs, sex, etc. etc. Let's be honest even though I was in a relationship with 2 males, that didn't stop me from cheating.... I cannot count how many men that I have had sex with, SAFETY FIRST but when I was in a relationship with a female I was always honest and didn't sleep around and I very

Well, that is Dixies Mental Health. I have been bullied and forced into a scene of sex, drugs and music and was unsure of what to tell my parents as "I don't know what I am anymore" (I did have a few suicidal thoughts over that decade, thinking "why do people harass you and make you question your sexuality?").

I thank God for QuIHN. QuIHN has really helped me; they supported me to give up drugs which in turn helped me change my life around. I feel that I would now like to be in a long term relationship with a fantastic female who will accept me for who I am, where I have been, what I've been through and where I am now.

Sincerely,
Dixie Del Rae



Jaycee's Story

It was September of 2008 but I remember it like it was yesterday. I was only 23. I had had enough of my life in Adelaide. Work was overwhelming me, I had gotten in with the “wrong” crowd as my parents put it, and I started using goey (speed) and pot anytime I could get my hands on it. My boyfriend couldn't take my mood swings and broke up with me then my circle of “friends” was gone too. I lost my job and couldn't leave the house anymore. Everyday was a struggle to get out of bed and I found myself sleeping the days away. I had lost so much weight and my “life” was one big mess. That's when I decided to get my shit together and move to Brisbane.

At first Brisbane was just one big party for me. I stayed at the local backpackers and met people

who wanted to escape reality like I did. It was night after night of partying, drinking, shooting up anything cheap and having lots of “cheap” sex. After about four months an old mate from Adelaide came to visit me. She told me to just snap out of it, to get a life and to grow up. She told me to stop slutting around or she would call the psych team at the hospital to have me admitted. That afternoon she got a flight back to Adelaide and that night I tried to kill myself.

The next morning

I woke up in some stranger's bed and had no idea how I got there.

That was when I realised that by leaving Adelaide I was only trying to run away from my issues, from my depression and

my anxiety. What I really needed was someone to talk to, someone to see the warning signs in my behaviour at the beginning of this nightmare and someone to support me to get help.

I didn't know Brisbane very well so I decided to call lifeline. I told them everything and it was such a relief to get it all out. They referred me to a counsellor at a place called QuIHN and that's when my life started to turn around for the better. I started going to support groups there and my confidence as a person started to come back. I got a part time job at Fat Boys in the Valley and could afford to move out of the backpackers into a small apartment.

My life is slowly getting back on track but I know its going to take awhile.

Noticed your friend isn't
acting like themselves?

What to do?

It's only normal to have times in your life where you feel down, depressed or anxious. They may result as emotions from a negative event or situation in your life and sometimes these feelings may have no identified cause. It is important to acknowledge the difference between feeling down for a short period of time and when these feelings are seriously affecting a person's life. It may mean that your friend has depression or an anxiety disorder.

If you're worried about a friend, look for warning signs, listen without interrupting or judging them, talk to them about what going on and seek help together.

Warning Signs:

- Stops calling or catching up with you or other mates
- Sleeping strange hours like all day and not at night
- Taking risks like drink driving, using more than they usually do or practicing risky sexual behaviours
- Looks like they are gaining or losing weight and not taking care of their appearance.
- Appears down, hardly talks and may cry for no apparent reason.

- Becomes isolated, anxious and doesn't want to leave the house.

Listen to them:

- Choose a time when you are both free to talk
- Tell them what you are observing such as "I have noticed you don't seem yourself lately"
- Listen to what they are saying without interrupting or trying to give them advice.

Talk to them and seek help together:

- Ask questions that can't be answered with just a yes or a no.
- Avoid general statements such as "cheer up, everything will be ok" as this dismisses their feelings and may seem as if you don't really care or have time for them.
- If you think your friend may be experiencing depression or an anxiety disorder, encourage them to seek help from someone who can help them such as a doctor or a counsellor.
- Help them find professional support and offer to go with them.
- The main thing is they don't give up on getting help. Let them know you are there for them and stick to your word.

More information, non judgemental and confidential support can be found through telephone counselling services such as Lifeline 13 11 14.

END OF DAYS

What's going on in the world today?

What's to become of man?

Too many guns in the hands of our Sons,

And I'm sure this isn't God's plan,

I've seen on the news a kid on booze,

Shot another kid only 10 years old,

*There's too much violence and the witness
is silent,*

Because they don't want to get involved

*There's people ion the streets crying out for
peace,*

But nobody hears their call,

*They'll keep on fighting and they'll keep on
dying,*

Until every last one of them falls,

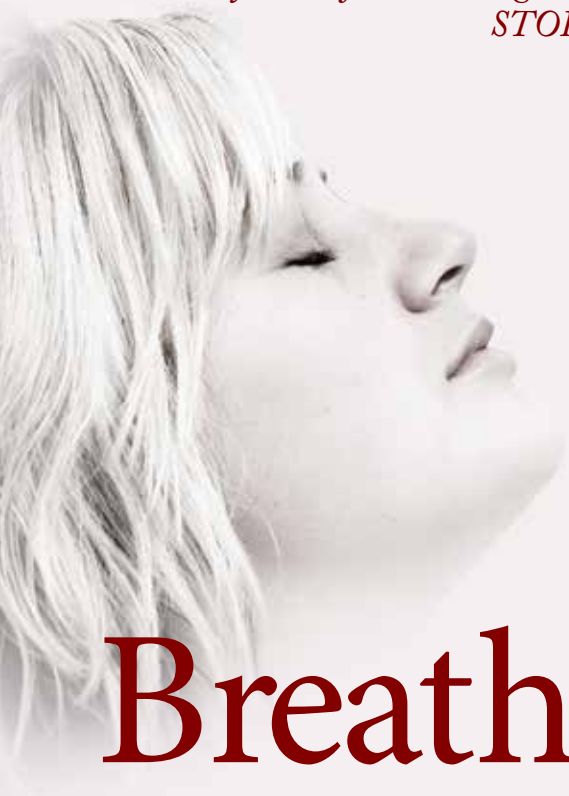
*The man with the gundoesn't think it's
much fun,*

*When he takes two in the chest, he thinks
of kingdom come I will be done*

And says a prayer with his dying breath

SCULLY 2012

*STRESS has a habit of building up inside us all.
So when you can feel it coming on...before you blow your TOP...
STOP and focus on breathing in.....
and breathing out....aaahhhhh*



Breathing in

Have you noticed that you're breathing too fast? Stress and anxiety can affect your heart rate and breathing patterns. A relaxed breathing rate is usually 10 to 12 breaths per minute.

Practise this exercise three to four times a day when you're feeling stressed or anxious so that you can use this as a short term coping strategy.

1. Time the number of breaths you take in one minute. Breathing in, then out is counted as one breath.
2. Breathe in, hold your breath and count to five. Then breathe out and say the word 'relax' to yourself in a calm, soothing manner.
3. Start breathing in through your nose and out slowly through your mouth, in a six-second cycle. Breathe in for three seconds

and out for three seconds. This will produce a breathing rate of 10 breaths per minute. In the beginning, it can be helpful to time your breathing using the second hand of a watch or clock.

4. Count to yourself.
5. Continue breathing in a six-second cycle for at least five minutes or until the symptoms of over breathing have settled.

After practising this exercise, time the number of breaths you take in one minute. Practise the controlled breathing exercise each day. Use the technique whenever you feel anxious. Gradually, you'll be familiar enough with the exercise to stop timing yourself.

SOURCE: Beyond Blue Fact Sheet No 6 Reducing Stress 2012

LG WARD

*Grey walls, Grey fixtures, this
is where I'm brought.
No stimulation, no
imagination, this is
what they've bought.
Grey walls, grey doctors,
verdicts that mean aught
No helpful friends
with hands to lend
There's nothing of this sort
Grey walls, grey nurses
nothing to be taught,
No education, only frustration,
no individual thought
Grey walls, grey food,
feeling I am caught
No empathy, that I can see
just inmates I have fought
Grey walls, grey pills, this
is how we're wrought,
No laughing sounds, misery
abounds and everything comes
to naught.*

FL



R U O.K.?

Are you feeling sad? Tick these points to see how you feel and see tips for feeling better.

◇ You find it hard to smile or laugh.	Watch a funny DVD with a friend
◇ Crying for no reason.	Connect with a family member or someone you love.
◇ Don't want to eat or eating too much	Buy food you love that is healthy
◇ Staying up all night, can't sleep.	Relax by listening to music
◇ Feeling tired all the time.	Go to a local footy or cricket game; get some fresh air.
◇ You sometimes want to hurt yourself.	Talk to someone; tell them how you are feeling.
◇ Always wanting to be alone.	Spend some time with a pet or take your dog for a walk.
◇ Getting angry for no reason.	Try some exercise like riding a bike or going for a run

If you are feeling sad and you would like to speak to a counsellor, just ask a QUIHN worker to hook you up.

Many things around us can affect our mental health without us really noticing.

It's a good idea to get into the habit of doing some simple "self-checks" regularly.

For more information www.beyondblue.org.au or beyondblue info line 1300 22 4636

Common medical causes of depression include:

- Low thyroid function
- Brain injuries and diseases

(e.g. stroke, heart disease, head injury, epilepsy, Parkinson's Disease)

- Some forms of cancer
- Infectious diseases
- Blood vessel disease in the brain due to diabetes and/or hypertension
- Some steroid and hormonal treatments
- Anaemia
- Chronic pain
- Quitting smoking.

So go and get a check up if you've been feeling "blue" for 2 weeks or more, and can't seem to shift it.

If you are:

- A lifelong worrier
- A perfectionist
- Sensitive to personal criticism
- Unassertive
- Self-critical and negative
- Shy, socially anxious and having low self-esteem.

You may be at higher risk of depression.

If you have anxiety, bipolar or schizophrenia, be aware of situations that increase your symptoms:

- Being stressed and/or overloaded at work or with the family.
- Being ill for other reasons, or sickness in the family.
- Financial pressure.
- Relationship problems.
- Have a plan for these situations:
- Call your support worker, doctor or mental health worker.
- Call a friend.
- Do one of the RUOK activities listed above.
- Make sure you're taking your medication as prescribed.
- Check you haven't missed any appointments with doctors or other supports.
- With mental health, like physical health, some days are better than others – enjoy the good days, and remember to get help on the not-so-good!

www.beyondblue.org.au or beyondblue info line 1300 22 4636
SANE – 180018SANE (7263)
Lifeline – 13 11 14

For fun things to do that don't cost much:

Communify:

www.communify.org.au

Reclink:

www.reclink.org

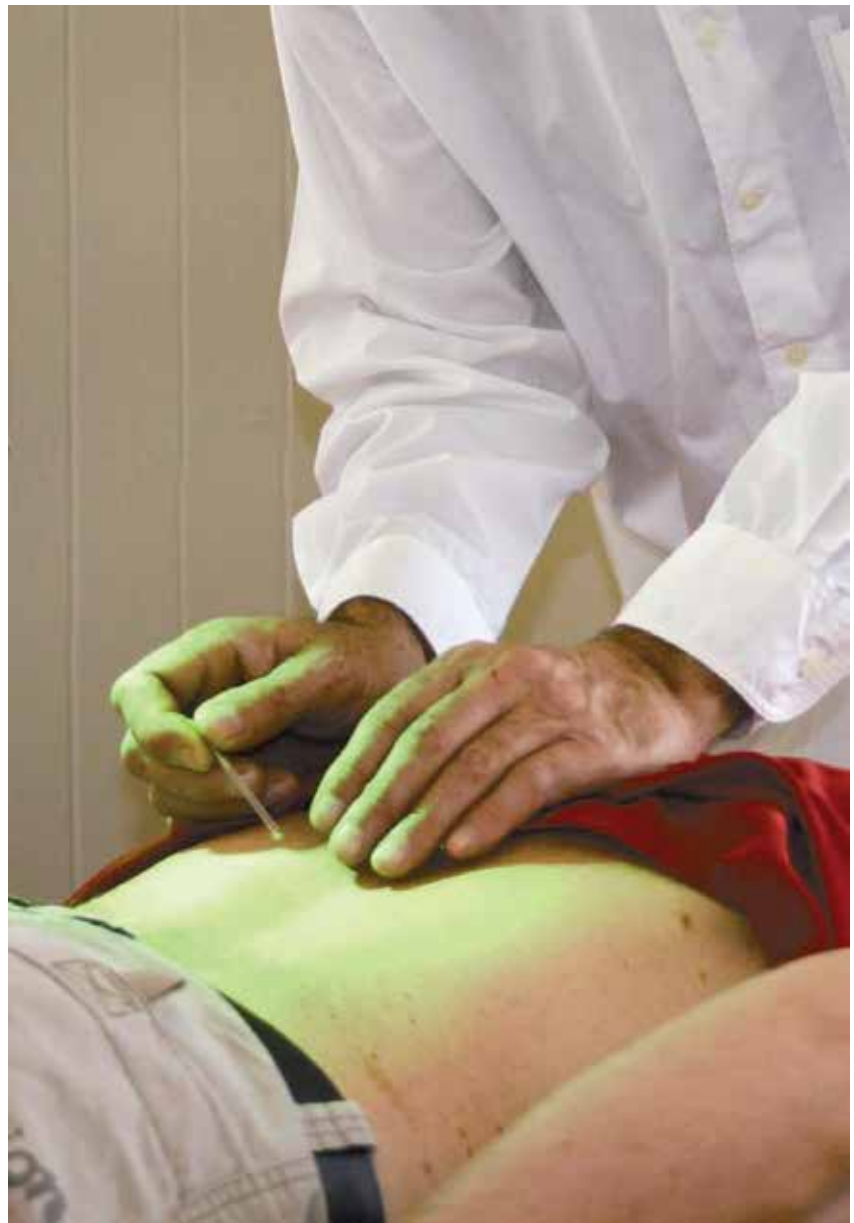
BRISBANE ACUPUNCTURE SERVICE

Did you know that our resident acupuncturist is at QuIHN Brisbane office every Wednesday?

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

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

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



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

Mindfulness Skills



Being Present

Focus on your breath; observe how your breath moves through your body as you breathe in and out. Observe the sensations that are happening in your body as you breathe in and out. Try not to judge the sensations just allow them to be. Observe 5 sights and 5 sounds from where you are sitting. Observe without attachment or judgment. Practice being present while listening to others without getting caught up in any potential distractions. Practice keeping your attention on the here and now; observe any passing distracting thoughts without attachment or judgment.

Diffusing from thoughts

Thoughts are just thoughts, feelings are just feelings, and they do not define who you are. Label thoughts as just thoughts, and feelings as just feelings without attachment or judgment. Examples:
My thoughts are telling me [list

what you feel you are being told] That is the “I need to [insert name of behaviour or expectation] story. That is the “I am not good enough story”
I am presently feeling [insert emotion]
It is just a feeling of anxiety/anger/fear/other emotion.
Simply ‘THANK THE MIND’ for the thought and bring your attention back to where you are in the present moment.

Visualising

Imagine your thoughts are on a TV screen and you can play with them. Stretch them, shrink them, change the colour, turn them upside down and so on
Envisage your thoughts/stories are on a karaoke machine with the bouncing ball hitting each word and playing to the tune of ‘Happy Birthday’, ‘Waltzing Matilda’ or your favourite song.
Imagine that your thoughts sound like your favourite cartoon character. Place each thought/feeling on a leaf on a stream and watch them float by. Place your thoughts/feelings on a conveyer belt and watch them pass by.

Metaphors

You are the driver of your life bus and your thoughts, stories and feelings are just passengers.
All your thoughts, stories and feelings are just like songs on a jukebox.
All your thoughts, stories and feelings are just like waves on the ocean.



& HEALTH HARM REDUCTION

Education & training is provided to clients, professionals and the wider community in regard to illicit drug use and blood-borne virus transmission.

Services offered include:

- Brochures and printed materials
- Health Promotion
- Individual and group education sessions (e.g. blood borne viruses, vein care, sexual health, art groups)
- Needle disposal issues and business outreach
- Support and input into research, community development and policy making.

NSP's are part of Australia's public health strategy that aims to reduce the harms associate with drug use, including the transmission of blood-borne viral infections, by the provision of sterile injecting equipment. The NSP neither condemns nor condones drug use and are located across our Brisbane, Gold Coast and Sunshine Coast offices.

These NSP's are provided free and in a friendly, non-judgemental environment:

- Sterile injecting equipment and disposal containers
- Referral to housing, health and welfare services
- Information and education aimed at reducing blood-borne virus transmission and sexually

Sitting with the doctor and they start babbling!!! What does it all mean??

Acute care team (ACT)	The Acute Care Team provides assessment and acute treatment services. They are responsible for the acute assessment area (Psychiatric Emergency Centre) based in the Emergency Department, the Community Assessment Service and the Mobile After Hours Service. – Acute care team assess if a person meets the criteria to be admitted into a mental health facility
Mobile intensive treatment team (MITT)	This team aims to provide intensive long-term support to people with prolonged and severe mental illness and associated high-level disability.
Crisis Assessment and Treatment Team (CATT)	Responsible for assessing all persons who are being considered for hospital admission & determining whether an alternative treatment setting is applicable.
P1 Ward and P2 Ward	Psychiatric and psychotherapy ward
Psychiatric	Relating to or used in the practice of psychiatry
Psychiatry	The branch of medicine concerned with the study diagnosis and treatment of mental health disorders.
Psychotherapy	Psychotherapy is the general term referring to a therapeutic treatment contracted between a trained professional and a client.
Review	Professional / patient relationship in treatment of mental illness which predicts particular outcomes – review of processes.
Involuntary treatment order (ITO)	An ITO is an order made by an authorised doctor for the treatment of a person with a mental illness without that person's consent. An ITO can authorise the involuntary detention of the person receiving treatment at a mental health facility, or community-based treatment.
Voluntary treatment order	A patient who voluntarily enters a mental health facility for treatment after assessment by a doctor, or a person admitted as a voluntary patient by his/her parent or guardian.
Assessment	Medical professional's overall picture of how well a patient is feeling emotionally and how well the patient can think, reason and remember.
Mental illness	A psychological anomaly reflected in behavior that is associated with distress/disability and which is not considered part of the normal development in a person's culture.
Case management/ case coordination	Co-ordination of community services for mental health patients and allocation of professionals to be responsible for assessment of needs and care planning.
Community treatment order	A legal order made by the Mental Health Review Tribunal or a Magistrate setting out terms of treatment, therapy, medication etc.
Intake	Provides initial triage, referral, case management, first appointment and information on all services offered by Mental Health.
Mania	State of abnormal elevated irritable mood and or energy levels. Opposite to depression.
Outreach services	A psychiatric support service that provides community mental health outreach services to people living with mental health issues.

Psychosis	A severe disease or disorder of the mind characterized by derangement of personality and loss of reality.
Case conference	In order to facilitate plans of care for a patient, mental health staff organize and participate in routine clinical case conferences with doctors, nurses, counsellors & other care providers.
Forensic	Forensic psychiatrists encompass interface between the law and psychiatry. Eg. Forensic psychiatrists may provide a service such as determining a persons competency whether it be to do some thing or even stand trial in a criminal court.
Psychologist	A person who has completed six years training in the science of human behaviour.
Mental Health Act	An Act of Parliament governing the care of people with severe mental illness.
Psychiatrist	A medical practitioner who has completed formal specialist training in the study of abnormal behaviour and is recognised as such by a regulatory body or professional association.
Discharge plan	A structured and standardized process of ensuring a safe and successful transition of people with mental illness, from time of admission to hospital to post discharge.
Acute	Recent onset of severe clinical symptoms of mental illness.
Voluntary admission	Admission to a mental health unit where the patient makes the decision for admission and signs the necessary treatment agreement.
Registrar doctor	A doctor who is receiving advanced training in a specific field of medicine in order to eventually become a consultant.
Social worker	A professional person that seeks to improve the quality of life and well being for individuals, groups or communities by research, practice or common organization.
Dual diagnosis	Mental illness as with substance use
Informed consent	A patient who is deemed mentally capable of making informed and rational decisions.
EEO (Emergency Examination Order)	A police or ambulance officer may take a person to an authorized mental health service for examination under an emergency examination order (police or ambulance)
JEO (Justices Examination Order)	Is an order for psychiatric evaluation of an individual, anyone can take out an order on any other person.
ITO (Involuntary Treatment Order)	Is an order for a person to receive psychiatric treatment even against their own will.
LCT (Limited Community Treatment)	Undertaking some treatment or rehabilitation in the community.

The Jester



I am standing out the front of the hospital wondering if I could righteously kick my whole family out of the house, or maybe even kill them. The Doctor doling out my drugs every month (nothing fun just Interferon and Ribavirin) suggested I might benefit from antidepressants. I wish she'd stop Interferon in my life, "take antidepressants, and don't kill or evict your family blah, blah, blah" I see an old mate at the bus stop. He is in psychosis 6 months out of every year (and lost without it the other 6 months) 'thank god someone normal' I think.

He is called The Jester, I'm not sure why but I think it's because when he first sees someone he looks like he's about to bust out and start juggling or show you a card trick or let you in on a some

long held magicians secret. But then sadly he seems to remember he lost those skills long ago with his mind: then his smile fades and his eyes disappear into the past.

I really like the Jester, he lives in Cotton Tree park most of the time but moves around with the seasons. He's funny and deep and after a while you don't even notice the smell. He's also an unbelievable survivor.

"Hey Jest" I say, "hey mate" he responds.

I think he sounds like Eyor from *Winnie the Pooh*. "What's up mate" he says in the same amount of time I could have said 25 words. I say "if you really want to know I've just come from the doc. I had a meeting with her to plan a small procedure my interfering liver doctor insisted I have,

for "optimal health" (whatever that is) She said "mmmmmm" "I see you have hep C" I said "yes, yes I do" (defiantly) She said "well I'm just flagging it so when you see us double gloving around you; well so you won't feel discriminated against" I sat there stunned but I was thinking "too late cow" and wishing I was brave enough to say it out loud.

On top of that they have put me in at the end of the day, no doubt so I don't endanger any other patients, bitch.

The Jester looks at me sadly and says sincerely "I'm sorry mate wanna hear about my day?" "Sure" I say, "had to be better than mine". "Sun woke me up this morning" (his face lights up as though he is reliving the memory).

“Then I could feel someone pullin on me foot, bloody coppers. “Get up, move on. Don’t look back” “Where the fuck am I supposed to go?” he asks. Instead of waiting for me to answer he keeps talking (which is just as well because I don’t have anything to say). “Then I went to the bank to see if me pension was there. I had to wait forever and everyone’s looking at me like I’m somehow fuckin up their day. I get to the teller and she tells me; me money’s not there. So I go to Centrelink to sort this shit out (and I’m not even that pissed off), then they tell me they’ll give me a cheque but not till 2, I’m meant to be at mental health at 2 for me shot, bastards so I ring mental health to let em know and they say If I’m not there by 2.30 they’ll ring the coppers to come get me. Now I’m pissed off! So I told em “don’t worry I’ve already checked in with the coppers today thanks” Then I went to the park while I was waitin for me money and the fuckin coppers move me on again”.

He suddenly stops and sighs. “I miss me mum” he says sadly.

My heart aches for him and I feel guilty that I was so crabby before. I realize my problems are nothing compared to what the Jester faces everyday. He wipes a tear from his eye. The Jester is 38 his mum died when he was 12 and no one has understood or loved him since. He has cried for her every day for 26 years.

I lean over and squeeze his knee and murmur “It’ll be O.K mate” I know it won’t but I don’t know what else to say so I offer him a smoke and just sit with him a while.

Tonight I’ll be in my bed with my ungrateful teenagers/squatters arguing and demanding dinner (regardless of me being on treatment for Hepatitis C and temporarily insane) but instead of having thoughts of homicide (I tell myself) I will be happy I have a bed, happy I have a family and happy I have choices.

This story is dedicated to The Jester to raise awareness and discourage discrimination against those who are homeless and those with mental illness or disability. We all have a little of the Jester in us and he has a little of us in him.

We shouldn’t forget at any time, any one of us, for any reason, could be anywhere, on the spinning pin head we call life.

Fiona



QuiHN

TREATMENT

& SUPPORT SERVICES

QuiHN offers a range of counselling and support services across our Brisbane, Gold Coast and Sunshine Coast offices. We provide client-focussed services to assist people with substance use reduction, cessation or relapse prevention as well as support around mental health concerns and any other support needs clients identify.

In addition to individual support services, QuiHN offers a range of group programs. Groups respond to the varying needs of clients. The groups we currently offer include:

- Maise (Brisbane) / Changing Habits (Sunshine Coast) / Positive Changes (Gold Coast) – a psychosocial education group aimed at supporting clients to address their substance use and mental health concerns
- MudMaps – a weekly group held in Brisbane to support clients who are contemplating changes in their drug use

The Parent, Child and Family Support Program (PCF) provides counselling, education, support and advocacy for parents, children and significant others or carers affected by mental health and / or drug use issues.

In addition to individual support, the PCF program provides group work support to address parenting issues and / or child protection concerns. The Treehouse groups are run across the Brisbane, Gold Coast and Sunshine Coast offices, with an additional weekly support group available in Brisbane.

QuiHN responds to the needs of significant others via individual support and workshops. The Significant Other Support (SOS) workshop is for those who care for and support people with drug use and related mental health concerns. This workshop is provided in the Brisbane, Gold Coast and Sunshine Coast offices.

Hep C and

Living with a chronic illness like hepatitis C can be stressful. Hepatitis C can add physical, emotional and psychological demands to your life.

Hepatitis C can often affect a person's mental health. From the time of diagnosis, to living with the virus, to considering treatment, to telling others- these can all have a big impact on your mental health and how you feel about yourself.

Listed below are some ways in which hepatitis C may impact on your mental health and what you can do if you experience any of the symptoms.

Mood swings, anxiety and depression

Symptoms can include feelings of hopelessness, helplessness, irritability, lack of interest in your usual activities and extended periods of sadness and/or despair.

Living with a chronic disease like hep C can be challenging.

No one ever thinks we will develop a chronic condition, so naturally it is not a situation for which we prepare. People with the hepatitis C virus have a higher rate of depression.

Depression and anxiety may be more likely to occur at the following times:

- After the initial diagnosis
- During treatment
- After an unsuccessful course of treatment
- When assessing sexual practices and lifestyle
- While coping with symptoms – particularly fatigue and sleep

problems

- Managing advanced hep C and liver disease
- Facing death

Suggestions:

- Depression is nothing to be ashamed of, and it can be treated. Talk with a health professional such as a counsellor or doctor. There are possible treatments for anxiety and depression such as counselling, medication, relaxation activities, support groups, and self-help books.
- Consider gentle exercise such as a daily walk, yoga, massage or scheduling regular relaxation times. Gentle physical activities can help to lift a person's mood.

Fatigue and sleep disturbances

Fatigue can be described as a sense of excessive tiredness and lack of energy. The majority of people who have chronic hep C may experience fatigue at some stage, although periods of extreme tiredness can also relate to stress, a busy lifestyle or other health factors. Problems with sleeping vary widely for people who have hep C and can include difficulty falling asleep, waking up a lot, insomnia, or sleeping excessive amounts. Sleep disturbances are common among the general population and it is often difficult to ascertain what impact hep C and its associated symptoms may be having on a person's sleeping patterns. Sleep problems do have an impact on a person's quality of life and can exacerbate other symptoms of hep C, especially fatigue and mental health.

Suggestions

- It is recommended that people who have hep C eat a well-balanced diet that is low in fat, drink alcohol in moderation or not at all, have regular mild exercise, and stop or reduce smoking.
- Short naps during the day may help, though excessive sleep can cause people to feel more tired and could cause sleep difficulties at night. Eight hours sleep per day is generally enough for an adult, although individual needs will vary, and it can help to set specific sleep times to try to regulate the body clock.
- Try to avoid over-commitment with day to day activities and avoid exercising just before sleeping
- Plan the day's activities around times that tiredness and fatigue normally appear. When energy is higher complete extra tasks (e.g. cook food in batches and freeze to eat later)
- Minimise caffeine in the afternoon, particularly if sleep is difficult
- Eating small, regular meals may help to regulate energy levels
- Jasmine tea, camomile tea, lavender scent and warm milk may help to relax people and assist with sleep
- Occasional use of sleeping sedatives may assist, however people are encouraged to consult their doctor

'Brain fog' and cognitive changes

Cognitive ability refers to a person's ability to think clearly and to concentrate. Some people with hep C notice they have deterioration in their cognitive ability. A person

your Head!

may find they cannot concentrate for long periods of time, or may notice that their thought processes seem slower than usual. They may have difficulty coming up with words they want to say, or may just feel mentally tired. These cognitive changes are sometimes called 'brain fog'.

Like other symptoms of hep C, cognitive changes can come and go. These symptoms can be caused by other things unrelated to hep C, including depression and anxiety.

Suggestions

- Make lists and work through them and give yourself more time to complete tasks
- Discuss important decisions with someone you trust
- Discuss the symptoms with a health professional such as a counsellor or doctor
- Take some control over the thoughts that go through your mind. We all have such thoughts, some of us more so than others.
- Talk yourself out of repeating negative or unhelpful self-thoughts. You will be surprised at how much difference this can make after a short period of time.

Disclosure hep C and Mental Health

Perhaps the time has come when you are considering telling someone you have hepatitis C. They may be a friend, family member, your employer, a health care worker or potential partner who you are worried about telling. Many people can be concerned about what to say, how to tell others, and what their reaction will be. It is normal to feel stressed and anxious about

disclosing to others. Hepatitis QLD can offer valuable support at a time when you might be feeling uncertain about your future and scared about your health. They can help you cope with your feeling when you find out you have hep C, and they can help you deal with any physical and mental challenges, as well as support you if you are discriminated against because you have hep C.

Remember

- It is important to remember that you have control over who you choose to tell.
- You may choose not to tell some people about your hep C, and this is your right.
- Your choice not to tell others is your own and should be respected.

Stigma

At times you may feel down about living with hepatitis C. There are lots of myths about hepatitis C in the general community and sometimes people will judge you, and treat you unfairly because they know you have hepatitis C or you use drugs. Over time this can get you down and some people may start to feel ashamed about having hep C, or feel dirty or blame themselves. It may start to affect your mental health, your relationships, and your day to day life. If this is happening to you, it is important to talk to someone who understands these feelings. The Hepatitis QLD provides information and support to people living with hepatitis C. Many of the workers have their own personal experience of hep C, and will be

able to provide you with tips and suggestions of how to manage these emotions. If you feel as though you have been treated unfairly by someone because of your hep C, you have a right to make a complaint. It is against the law to discriminate against someone because of a health issue. Hepatitis QLD can point in the right direction and support you with making a complaint.

Suggestions:

- Be aware of physical and mental stress and recognise the signs.
- Stress is only a problem if it is excessive or if you are not handling it properly.
- You are not the only one who experiences the problems that lead to stress - such problems are a normal part of everyday life.
- Try not to make problems any bigger than they actually are.

Counselling and Support

We all live and interact with other people and often cope better with our problems and life stresses by talking and sharing our feelings with other people. This can be as simple as talking with a neighbour or friend over a cup of coffee or writing a letter or story for your favourite newsletter. Some people may need to phone a friend or relative specifically to talk about a particular problem. Additionally, many people choose to go to a trained counsellor, social worker or therapist. Your local hepatitis council will be able to offer you support and refer you to hep C friendly support services in your area.

'LISTEN'

*When I ask you to listen to me
And you start giving me advice,
You have not done what I asked.
When I ask you to listen to me
And you begin to tell me 'why' I shouldn't feel that way,
You are trampling on my feelings.
When I ask you to listen to me
And you feel you have to do something to
solve my problems,
You have failed me, strange as that may seem.
Listen! All I ask is that you listen;
Not talk, nor do – just hear me.
And I can do for myself – I'm not helpless
Maybe discouraged and faltering, but not helpless.
When you do something for me, that I can
and need to do for myself,
You contribute to my fear and weakness.
But when you accept as a simple fact that I do feel what I feel,
No matter how irrational
Then I quit trying to convince you
And can get about the business of understanding
What's behind this irrational feeling.
When that's clear,
The answers are obvious and I don't need advice.
Irrational feelings make sense when we
Understand what's behind them.
Perhaps that's why prayer works sometimes for
some people;
because God is mute, and doesn't give
advice to try to 'fix' things,
He/She just listens, and lets you work it out
for yourself.
So please listen, and just hear me, and if you
want to talk,
Wait a minute for your turn,
And I'll listen to you.*

Anon

This poem was written by a mental health consumer who was institutionalised over a number of years in Queensland. He wishes to remain anonymous.

**WORLD
AIDS DAY**
1st December

**GETTING
TO ZERO**



**ZERO
DISCRIMINATION**

**ZERO NEW
INFECTIONS**

**ZERO
AIDS RELATED
DEATHS**

Living with Stephen

*I wake up in the morning; in a strange bed
I take a minute; to make sure I'm not dead
Cause this is what they tell me; the voices in my head
Another awful day; this is what they said
I look in a mirror and what do I see?
A seedy looking stranger staring back at me
The police and the neighbours; they don't want me free
I look in a mirror; but I never see me
I go to the kitchen; which doesn't look like mine
But I think I make food here; some of the time
The police must want me; there are so many signs
And the voices in my head only talk in rhymes
The neighbours; they hate me; they make this quite clear
I try to be strong; to not show my fear
But I feel I'm falling, like a half shed tear
Nothing is right; it's just how it appears
I think I'm at the shops; but I'm really not sure
Cause I don't remember coming; but I know there is more
It must be the neighbours; evening the score
They'll do it again; they've done it before
I see someone I know; but I'm not sure where
She smiles and laughs as if there's no cares
She frightens me a bit and I don't think that's fair
When she asks me to eat: she has this strange stare
I want to explain; what is happening to me
How the police and the neighbours; they don't want me free
But she doesn't know; so how could she see
The voices in my head, how they won't let me be.
The night is coming and for that I am glad
Because when I'm asleep; I don't think I'm sad
But the voices still tell me; everyone is bad
The voices know me well and they say I am mad
So I return to the bed; which I don't believe is mine
But I think I sleep here; some of the time
The police still want me; there are too many signs
And the voices in my head only talk in rhymes*

Fiona Feb 2012

What is Mindfulness?

Mindfulness is a present centred awareness accompanied by an attitude of openness, acceptance and curiosity. To be mindful is to be present and engaged with what you are doing right now rather than being entangled in painful, unhelpful thoughts, and feelings.

Mindfulness is awareness of the present situation without viewing things through the lens of past experiences or imagining the future.

Mindfulness is the ability to see thoughts as just thoughts and feeling as just feelings without judgment or attachment.

Mindfulness enables us to think what we think, and feel what we feel without inner judgment thus also creating a state of relaxation and peace of mind.

The practice of Mindfulness creates acceptance and understanding for the present situation

rather than negative reactions.

Mindfulness is a natural state of living moment to moment.

Mindfulness is taking off the 'autopilot' and living every moment newly.

Mindfulness is a profound way to enhance psychological and emotional resilience and increase life satisfaction.



QPAMS can support you with any issues or problems you are having with your methadone or bupe treatment!

A QuIVAA Initiative

QPAMS

QLD Pharmacotherapy Advocacy
Mediation and Support Service



Give QPAMS a call
1800 175 889

**it's free and
confidential**

QPAMS is open 10.30am – 3.30pm
QPAMS- A peer based service to support
people on pharmacotherapy.



Run by drug users for drug users!

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

QulHN Brisbane [pp]

89-101 Gipps St, Fortitude Valley
3620 8112
Open Mon to Fri 9am - 5pm

QulHN Cotton Tree [pp]

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

QulHN – 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)