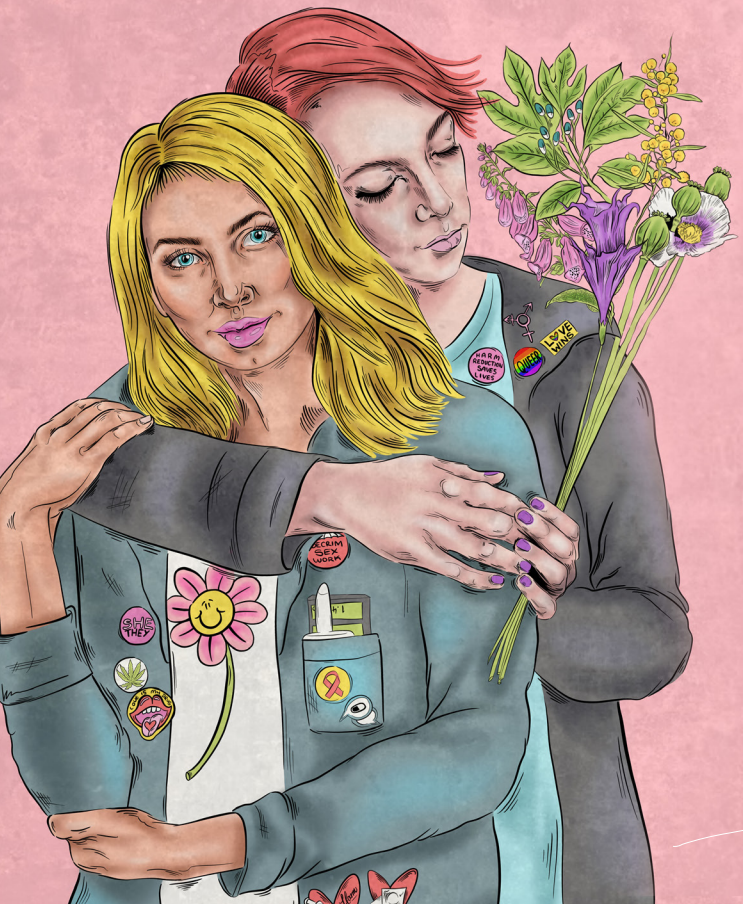
THE LITTLE BOOK OF

LOVE EMPOWERMENT & HARM REDUCTION

FOR PEOPLE WHO USE SUBSTANCES



Hi-Ground

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This resource has been developed for women who currently use substances. The role of Hi-Ground is to provide factual, relevant and practical information to assist people in making informed choices about drug use; to promote harm reduction, wellbeing, and safer consumption. Hi-Ground acknowledges that people use drugs. Therefore, they need access to resources and education to minimise harm, in line with: Australia's Public Health Strategy, National Drug Strategy and Queensland Women's Health Strategy.

This rescource includes topics such as drug use, sexual assault, domestic violence, and identity-based discrimination and harassment. We acknowledge that this content may be difficult to consume and we encourage you to care for your safety and well-being. Avoid sections that may cause distress.

Hi-Ground acknowledges that there are more than two genders. The term 'women' in the context of this booklet is indicative of sexual organs, rather than gender identity.

Hi-Ground

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Edited by Maria Hill

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CONTENTS

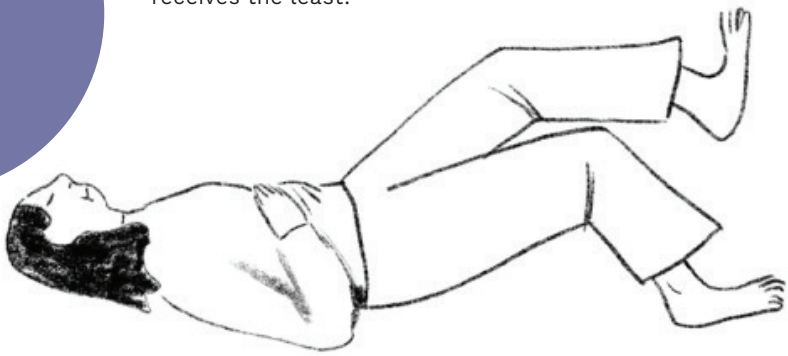
What is Harm Reduction?

Harm Reduction is an approach, aimed at reducing potential dangers of substance use without enforcing abstinence. Instead, the focus is on the responsible use of drugs and alcohol to reduce the harm associated with those behaviours [1]. Laws have created a zero-tolerance policy, yet people still use drugs regardless. By offering care, support, and education, the large gap that is created by those policies can be filled [2].

Harm Reduction acknowledges that the use of illicit and harmful substances continues to occur and seeks to reduce the harms of their use. This approach was not invented as part of the National Drug Strategy (NDS), rather it was a community-led response to the emergence of HIV in the 1980s to promote the health of people who inject drugs.

However, in 1985 The Australian Government developed and implemented ‘Harm Minimisation’ as the National Drug Strategy. Harm Minimisation has three pillars, these are: Demand Reduction (this is treatment and education that discourages use), Harm Supply Reduction (the role of law enforcement to police regulated and unregulated drug markets), and Harm Reduction.

While Supply Reduction, Demand Reduction, and Harm Reduction as a whole form the Harm Minimisation approach to policy, the funding they receive is highly inequitable; Supply Reduction receives most of the government funding and Harm Reduction receives the least.



"Supply Reduction receives most of the government funding and Harm Reduction receives the least."

Current research from across the world has highlighted that broader issues such as poverty, violence and trauma, motherhood, criminalisation and social policies amplify or influence the experience of women's substance use [3]. By developing a resource focused on women-centred Harm Reduction, we are acknowledging the complex intersection of issues that women face and hope to fill the gap for Queensland Women by offering a non-judgemental and supportive resource that can help educate and empower women who use drugs across the state.

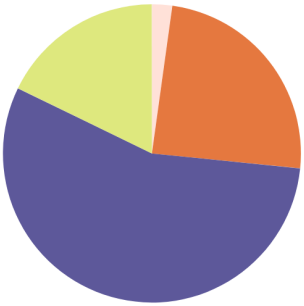
"When we talk about harm reduction, we often reduce it to a public health framework. One of reducing risks. That's harm reduction with a small hr. Harm reduction is meeting people where they are at and not leaving them there. But Harm Reduction with a capital HR – this is the movement. One that shifts resources and power to the people who are most vulnerable to structural violence."

(Monique Tula – Executive Director, Harm Reduction Coalition, 2018)

References: [1] Hughes C, Stevens A. (2007). The effects of decriminalization of drug use in Portugal: Discussion paper. Oxford; UK. [2] Kuhn, C., Swartzwelder, S. and Wilson, W. (2019). Buzzed: The Straight Facts about the Most Used and Abused Drugs from Alcohol to Ecstasy 5th ed. Duke University and Duke University School of Medicine. W.W.Norton & Company, Inc., New York. [3] Poole, N., Urquhart, C. and Talbot, C. (2010). Women-Centred Harm Reduction, Gendering the National Framework Series (Vol. 4). Vancouver, BC: British Columbia Centre of Excellence for Women's Health.

Women who use drugs in Queensland survey results

Length of time using substances

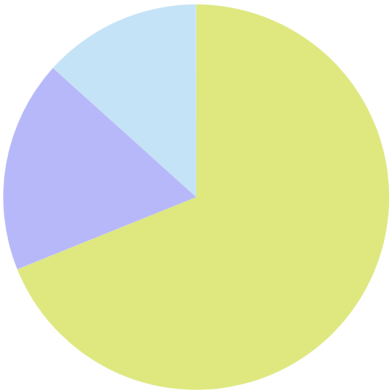


- 1 year or less (2.2%)
- 2+ years (24.4%)
- 10+ years (55.6%)
- 20+ years (17.8%)

Frequency of substance use

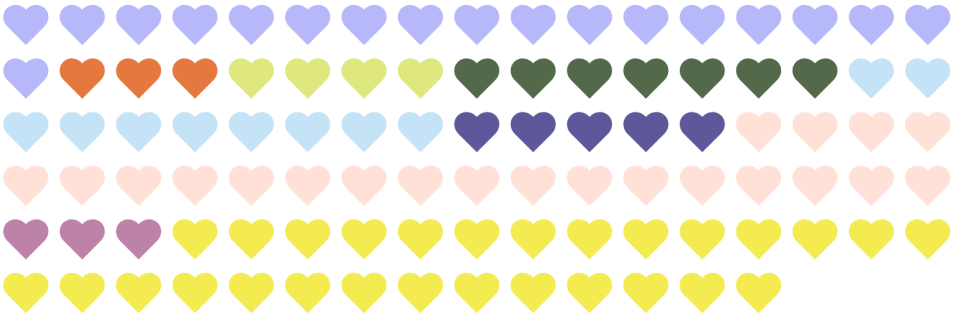
- Everyday (31.1%)
- A few times a week (15.6%)
- About once a month (11.1%)
- A few times a month (11.1%)
- Less than once a month (15.6%)
- About once a week (11.1%)
- I don't use anymore (4.4%)

Do you combine substances?



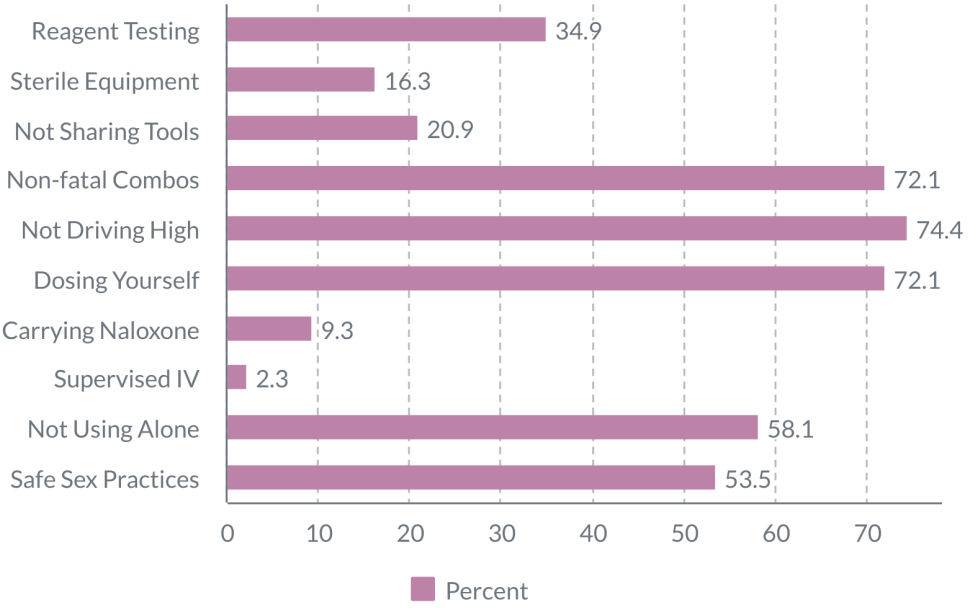
- Yes (68.9%)
- Rarely (17.8%)
- No (13.3%)

Identities aligning with peoples lived experience



Young Person (18.03%) Older Person (3.27%)
Aboriginal and Torres Strait Islander (4.09%) Born Outside Australia (7.36%)
Parent (9.84%) Disability (4.92%) Mental Health (21.3%)
Living Rural (3.27%) LGBTIQAP+ (27.91%)

Current Harm Reduction Practices



TYPES OF DRUGS USED BY QLD WOMEN

*Data from our survey 2021

27.3%
2C's (2C-B, 2C-X)

90.9%
ALCOHOL

70.5%
AMPHETAMINES
(ADDS, DEXIS, SPEED)

45.5%
AMYL NITRATE (POPPERS)

56.8%
BENZODIAZEPINE (BENZOS)

90.9%
CANNABIS
(WEED, YARNDI, MARIJUANA)

81.1%
COCAINE

59.1%
DMT
(AYAHUASCA, CHANGA)

9.1%
DEXTROMETHORPHAN
(DXM, ROBO)

9.1%
GENDER AFFIRMING
HORMONES

25%
GHB (FANTASY, FRANK)

72.7%
KETAMINE

86.4%
LSD (ACID)

88.6%
MDMA (ECSTACY, PILLS)

43.2%
METHAMPHETAMINE (ICE)

61.4%
NITROUS OXIDE (NANGS)

31.8%
OPIOIDS (HEROIN, CODEINE, OXYCONTIN, METHADONE)

81.8%
PSILOCYBIN (MUSHROOMS)

0%
STEROIDS

79.5%
TOBACCO

4.6%
KANNA KAVA

2.3%
MELANOTAN

FOR MORE INFO

SCAN THIS QR CODE TO GO TO OUR WEBSITE PAGE

Queensland Women said these were some of the reasons they enjoyed substances...

"removes my social anxiety"

"mood lift"

"It's a release"

"Personal growth"

"maintain attention"

"psychedelics helped me overcome traumas and reframe myself..."

"gaining a fresh perspective and channelling creativity and love"

"EUPHORIA"

"Self medication"

"opens my mind. New perspective"

FORGETTING

"the feeling of pure bliss"

"The taste"

"able to wind down"

What's your say?

Do you have positive reasons for using a substance/s?
What do you enjoy/like?

Do substances cause any negative outcomes in your life?
What are your least favourite things about drug use?

According to the survey things that caused changes to people's substance use were:

- Becoming homeless
- Becoming pregnant!
- Finding peers and harm reduction information
- Discovering what feels right for me in my body.
- Having more access to drugs.
- Becoming a Mum
- Accessing therapy
- Supporting my partner in sobriety
- Queer and trans friendly spaces!
- Mental health
- Getting older
- Doing sex work
- Learning more about myself

Something to ponder... what things in your life have created changes to your substance use?

"can cause lack of sleep, which can cause a running mind and physical fatigue"

"addiction"

"HARD TO ACCESS"

"health impact"

"HOW LAZY I AM"

"FEELING LIKE A CRIMINAL"

"HANGOVERS"

"THE COME DOWN"

"MEMORY LOSS"

"weed can make me paranoid and sometimes I struggle to sleep for weeks after taking LSD"

"the feeling of death"

"It's illegal"

"drug policies"

COST

"SUICIDAL DISTRESS"

"The pain and hurt and stress I've caused my family."

Queensland Women said these were some of their least favourite things...

Some tips for overcoming a hangover or comedown.

There are a few different tips and methods to help ease the severity of hangovers and come downs. Everyone experiences comedowns slightly differently, some may feel things physically yet for others it can be very emotional.

In regards to MDMA, comedowns are strongly related to: contaminated or impure MDMA, excessive dosing, mixing with other substances, lack of sleep, poor health, or not looking after yourself before and after partying. If you're feeling low after MDMA or alcohol, the following items can assist in bouncing back!

HYDRATION

Generally, it is recommended that you drink: around 500ml of water per hour if active and around 250ml an hour when inactive. It can be a good idea to supplement some of your water intake with drinks that contain some electrolytes (sports drinks and coconut water are good options). Avoiding dehydration will help fight off some of those physical comedown symptoms. To track your hydration, keep an eye on the colour of your pee – dark yellow means dehydrated, very light yellow or clear means too hydrated, and straw coloured means you're on the right track!

NUTRITION

Be sure to eat a good healthy meal a couple of hours before you start your substance intake. By eating before the party starts, you've got some food nicely digested in your system! This helps if you're planning on having a big night dancing, being active or possibly consuming substances that decrease your appetite. Having something to eat after the party, before you go to sleep, can also really help. If you don't feel like eating, a nutritious smoothie does the trick!

SLEEP

Sleep is super important and plays a massive part in how you feel both physically and mentally. Anecdotal evidence has long suggested that many of the most common comedown symptoms may be the result of not enough sleep rather than the substance itself. Try to get at least 8 hours of sleep the night before AND after you're planning to intake.

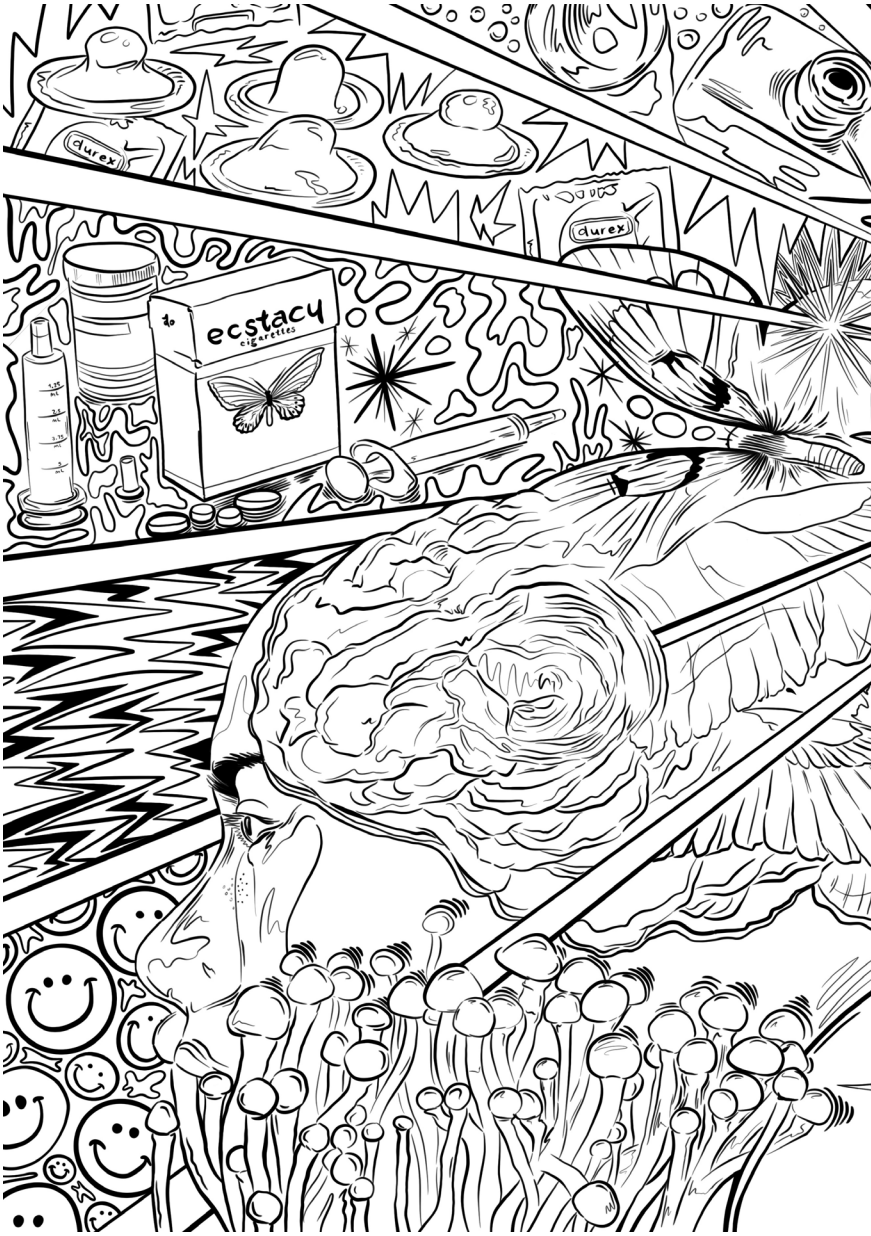
SUPPLEMENTS

Supplements can help to reduce comedown symptoms, side effects and even help with neuroprotection. Things like vitamin c, antioxidants, zinc and magnesium can protect you against drug induced damage to the brain and body before it occurs, so they're perfect to help fight a comedown. Magnesium specifically plays many crucial roles in the body, such as supporting muscle and nerve function, energy production and can assist with anxiety symptoms.

COPING WITH COMEDOWNS AND HANGOVERS

Even if you've done your best, sometimes a comedown can be unavoidable. A few things you can do to ride that horrid wave can be: practising some good old self care, have a bath, swim in nature, watch your favourite childhood movie, chat to a friend for emotional support, lay on a picnic blanket under a beautiful tree, drink a fruit smoothie, create some art/make marks on a page, paint your nails, drink a peppermint tea, and put on a nice relaxing mix of music. Whatever you do, don't make any life changing decisions. They can wait!

Mental Health and Drug Use



Colour me in

According to our survey, 84% of participants said they have experienced mental health concerns in connection to using substances.

Mental Health and Drug Use

Similarly, the Australian Institute of Health and Welfare (AIHW) found that people with mental health conditions or high psychological distress were twice as likely to smoke daily compared to people without mental health conditions and low psychological distress AIHW also found that people with mental health conditions were more likely to drink at risky levels than those without mental health conditions (for lifetime risky drinking the results were 21% compared to 17.1%, and for single occasion risky drinking at least monthly the results were 31% compared to 25%). They also found that people with mental health conditions were 1.7 times more likely to have used any illicit drug, and 2.1 times as likely to use pharmaceuticals for non-medical purposes (AIHW, 2021).

MENTAL HEALTH AND SUBSTANCE USE

The link between substance use and mental health is pretty complex and different for every person. So, there is no one size fits all approach to managing our substance use and wellbeing. But it can be comforting to know that others have gone through (and are currently going through) similar challenges to us. We're all learning in the process. Here is a collection of ideas, strategies, and learnings that other people have found useful in managing their substance use and mental health.

SELF-CARE (AND ITS MANY COMPLEXITIES)

Self-care is a term that gets thrown around quite a bit. There's lots of opinions out there about what self-care looks like and who is responsible for it. As humans, we need a lot of different kinds of care and it's impossible for one person (or substance) to provide all those kinds of care all the time (for themselves, or for someone else). But! We definitely can all play a role in caring for each other in different ways.

One way we can care for ourselves is through self-soothing activities that distract or provide comfort to us in overwhelming times. Examples of self-soothing activities could be: finding some peace and quiet, listening to music, singing out loud, getting a massage or using self-massage, connecting with animals and nature, watching TV, eating or drinking something comforting, moving your body, focusing on breathing, practicing mindfulness, or anything that helps us feel better. A lot of people use substances to self-soothe, and this can be helpful, harmful, or a mix of both depending on the person and the situation. Learning to self-soothe effectively can be really hard, especially if we're trying to make changes to our substance use, so practicing self-soothing techniques is really important if we want to get better at it.

Sometimes self-soothing is not enough to make us feel better, and this is where self care strategies can be useful in helping us find meaning, grow, or feel grounded.

EXAMPLES OF SELF-CARE COULD BE:

Putting boundaries in place with the people in your life (or with yourself), organising a break from caring duties or other responsibilities, getting enough sleep, eating well, moving your body, seeking healthcare, seeking therapy, getting other life-admin tasks done, or anything that contributes to the feeling of having your shit together

It's important to recognise that there are systems and cultural norms that can get in the way of us being able to care for ourselves and others, and that a lot of it is outside of our control. Our healthcare, housing and economic systems are imperfect and add unnecessary pressure to our daily lives. Stigma, discrimination and the criminalisation of substances also influence who is percieved as deserving or undeserving of having their needs met within these systems. Of course we are all deserving, but often our needs are not being met because of social injustice.

That's why community care and systematic change are also important if everyone is to get the care that they need. Community care could be sharing and using Harm Reduction strategies. For example carrying naloxone, creating education opportunities like community skillshares and free TAFE courses, building mutually beneficial relationships with our neighbours, community gardening, affordable childcare, neighbourhood groups on social media where people give away and swap stuff for free, having close friends, or anything that helps us to share the load with each other. Systematic change could look like: ending the stigma and discrimination in our health system, protecting our environment from corporate interests, making sure everyone has a living wage, returning land governance to First Nations peoples, ending criminalisation of people who use drugs, or anything that would contribute to us having a better world.

"We can get better at showing kindness to ourselves with practice"

MANAGING STRESSORS/TRIGGERS

Mental health challenges can often be a trigger for using, or for using in ways that we might not want to. Many of us use substances as a coping mechanism to make it through our mental health challenges, which can be helpful, harmful, or both depending on the person and the situation.

Getting to know the things in our lives that cause us stress (also known as stressors/triggers) is super important for managing the relationship between substance use and our wellbeing. Some situations can be very confronting. Lots of us put pressure on ourselves to white knuckle through the difficult stuff. But if a situation feels like it's too much, too risky or triggering, we're allowed to get up and leave it. We don't have to work it out or unnecessarily challenge ourselves. Check out the concept called 'Flipping Your Lid' to know more about how the brain deals with stressors.

Being kind and patient with ourselves, whilst hard to do, is really important for managing our distress in the long-term. We can get better at showing kindness to ourselves with practice - check out the idea of 'Self-Compassion' by Kristin Neff. She has a heap of free guided meditations on her website.

When thinking about making changes to our substance use, planning for stressors and what to do in times of distress can make the process of change a whole lot easier. Here are some tips from folks who have made changes to their own substance use:

Don't forget to find new coping mechanisms. By changing our substance use, we might be removing our main coping strategies right before taking a really difficult step. In the short-term, things can feel a lot worse than they were before we started making changes. But, things can feel easier in the long-term with more learning under our belt, so finding new strategies and support to help us cope at the start is so important. We can't expect that we'll be alright going it alone.

Covering your basics! Like eating enough, sleeping enough, doing something with your time that you enjoy, and thinking outside the box regarding how you spend your time, can all contribute to our sense of wellbeing and be a good distraction. Check out concepts like 'Urge Surfing', HALTSS (Hungry, Angry, Lonely, Tired, Sad, Stressed), Mindfulness exercises, and the '5 Ds' (Delay, Distract, Distance, Decide, Drink Water).

Consider medications and other harm reduction strategies to ease the process of withdrawal or comedown. Talk to your GP or other friendly health professional to find out what medications are available to ease withdrawal symptoms.

Make yourself a comedown kit full of the things you know will help when you're coming down (berocca, important medications, a snack, sensory tools, a nice note to yourself, a reminder to watch your favourite movie/tv show).

Journaling or reflecting through your changes can be really useful. It doesn't have to be in words, it could be through drawing or collage or any other creative medium that you enjoy.

Time spent not using is never lost if we decide to use again. Plus, slip ups are an important part of the process. They can teach us a lot about ourselves and our needs and can help us prepare for trying again.

Motivation can be hard to hold onto, but linking the changes we want to make to our values and remembering the reasons why we want change can help. So can breaking our bigger goals down into SMART goals (Specific, Measurable, Achievable, Relevant and Time-bound) so that we aren't overwhelming ourselves with huge, unattainable tasks.

Setting and communicating personal boundaries can help us reduce our stress and mental load, communicate our needs (to other people and to ourselves) so we can be better understood and have healthier relationships, build our confidence and self-esteem, as well as heal some of the damage of the past where our boundaries may have been crossed before. For more information on boundaries and how to set them, check out @the.holistic.psychologist or @mellow.doodles on Insta.

Handy folks to follow on the 'gram

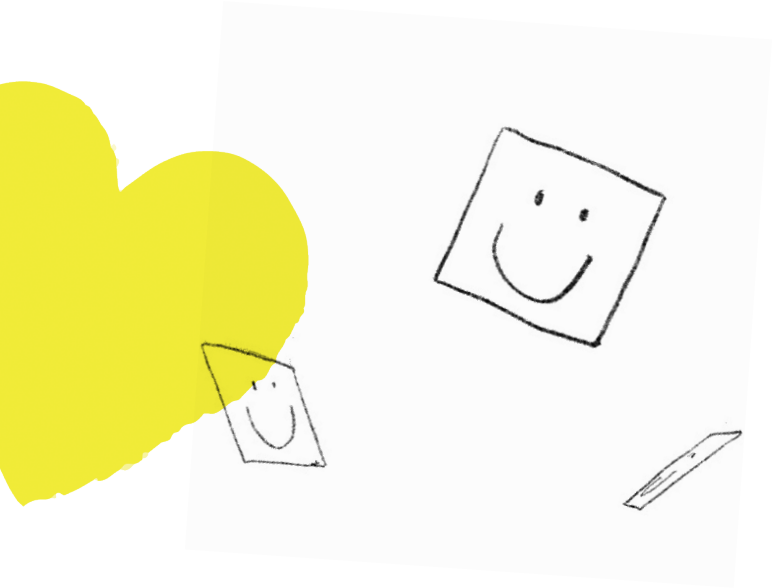
@healingandjustice, @frizzkidart, @mellow.doodles, @edadhd_therapist, @the.holistic.psychologist, @thebodyisnotanapology, @liberaljane

Friendly services

To find out what services there are in your area (eg. counselling, rehab, detox, needle and syringe programs, and medicated assisted treatment), check out the QNADA servic finder

QNADA's website also has some really groovy harm reduction resources on the interactions between substances and mental health medications. We asked some of the QuIHN community which health and community services in their area were the friendliest to people who use drugs, and this was the feedback we got:

	GPS AND PSYCHOSOCIAL SUPPORTS	COMMUNITY SUPPORT
Brisbane	**Better Access Clinic** 1 Hamilton Pl, Bowen Hills 07 3620 8111 **Gladstone Rd Medical Centre** 38 Gladstone Rd, Highgate Hill 07 3844 9599 **Stonewall Medical Centre** 52 Newmarket Rd, Windsor 07 3857 1222 **Dr Fiona Bishop** Holdsworth House Medical Practice 116 Robertson St, Fortitude Valley 07 3894 0794	**QuIHN Bowen Hills** Mudmaps group Mondays & Tuesdays 10.30am-12.30pm 07 3620 8111 **QuIHN Bowen Hills** Mindfulness group Wednesdays 3.30pm-4.15pm 07 3620 8111 **QuIHN Capalaba** Mudmaps group Thursdays 10am-12pm 07 3607 7269 **Brook RED** brookred.org.au Lived experience mental health support (07) 3343 9282 **Alternatives 2 Suicide Group** Fortnightly Wednesdays 6.30pm-8pm @ Thrillhouse Tattoo 559 Old Cleveland Road, Camp Hill (07) 3343 9282
Gold Coast	**Dr Captan Beck** Primary Medical and Dental Centre 178 Nerang St, Southport 07 5680 0000 **Burleigh Cove Medical Centre** Shop 9/109 W Burleigh Rd, Burleigh Waters 07 5535 3833 **Dr Michelle Davis** Prime Health Medical Centre 21-23 Palm Beach Ave, Palm Beach 07 5598 4442 **Dr Stuart Aitken** Sexual Health Specialist 142 Bundall Rd, Bundall 07 5510 3122	**QuIHN Burleigh** Mudmaps group Mondays 10am-12pm 07 5520 7900 **QuIHN Southport** Mudmaps group @ Southport Community Centre Mondays 12pm-2.30pm 07 5687 9039



GPS AND PSYCHOSOCIAL SUPPORTS

Sunshine Coast

Dr Glen Mulhall
Eclipse Medical
Shop 303/3 Emporio Pl,
Maroochydore
07 5329 2105

Dr Tim Bradshaw & Dr John Harris
Nambour Clinic Family Medicine
6 Sydney St, Nambour
07 5441 1455

Sunny Street Clinic
Mobile Primary Healthcare Outreach
Sunshine Coast Region Mon-Thurs
07 5313 7778
https://www.sunnystreet.org/outreach/#health-support

Townsville

Dr Patel
HealthLink Family Medical Centre
533 Ross River Road, Cranbrook
07 4773 3933

Townsville Aboriginal and Islanders Health Services
57-59 Gorden St, Garbutt
07 4759 4000

Lives Lived Well
Park Haven Medical Centre
First Floor, 5 Bayswater Rd, Hyde Park
1300 727 957

Cairns

Dr Singh
One Health Medical Services
Shop 3/159-161 Pease Street, Manoora
07 4249 3005

COMMUNITY SUPPORT

QuIHN Maroochydore
Mudmaps group
Wednesdays
07 5443 9576

ARE DRUGS AFFECTING YOUR LIFE?

MUD MAPS

MudMaps is a free and confidential weekly support group for people seeking support around substance use

FREE workshops every week

Locations:
Brisbane
Gold Coast
Sunshine Coast

open group EVERYONE welcome!

Spur Deductions

Morning Tea provided

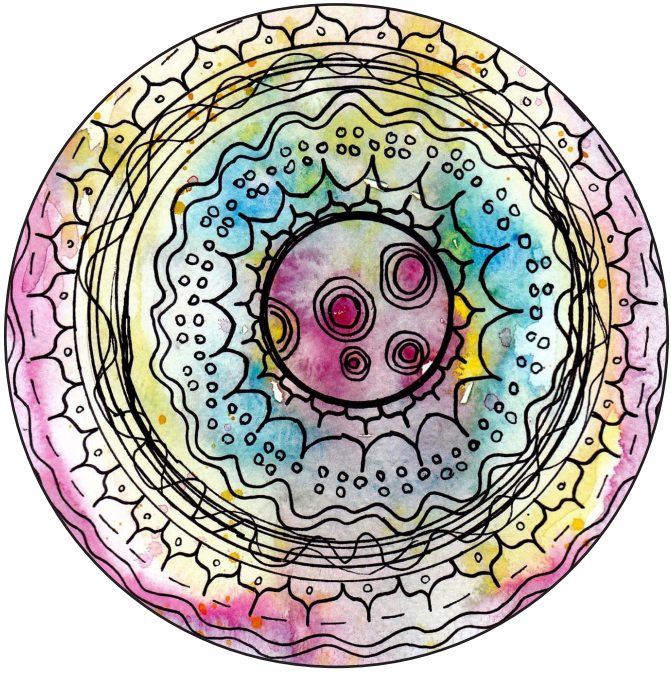
~ Relapse
~ Triggers
~ Self-esteem
~ Communication
~ Stress Management
~ Relationships
~ Well-being
~ Self-care

QuIHN

Enquiries call:
1800 172 076

Art As Therapy!

Being creative and making art in a therapeutic context has proven to be a highly effective method for improving mental health, as well as working through addiction and substance dependent recovery processes.



Studies also show that creating art stimulates the release of dopamine. Dopamine is released when we do something pleasurable, and it basically makes us feel happier. Increased levels of this feel-good neurotransmitter can be very helpful if you are battling anxiety or depression.

Benefits of Art Therapy

Activities for Mental Health, Addiction and Substance Dependence

Art therapy can be used as a complement to traditional mental health, addiction and substance dependency treatment. The aim is to assist in managing behaviours, triggers, urge surfing, and processing feelings.

It has the ability to:

Teach people new self-soothing techniques, improve emotional regulation, increase positive self-image through self-expression, promote self-reflection, bring forward the unconscious, has relaxing and playful benefits and replaces substance use routines with art making ones!

SELF-DISCOVERY

Creating art can help you acknowledge and recognize feelings that have been lurking in your subconscious. It can also be a great way to practice self-reflection and allow for new perspectives to emerge.

SELF-ESTEEM

The process will give you a feeling of self-accomplishment which can improve your self-appreciation and confidence. It also helps increase positive self-image through self-expression.

EMOTIONAL RELEASE AND REGULATION

The greatest benefit of art therapy is giving you a healthy outlet for expressing and letting go of all your feelings and fears. Complex emotions such as sadness, anger, trauma or guilt can sometimes not be expressed with words. When you are unable to express yourself, but you desire emotional release, making art may help you do it.

SELF SOOTHING TECHNIQUES

Being creative, making marks and doing art can help replace behaviours previously associated with the use of substances. Try colouring in, filling a whole page with doodles and repetitive patterns, rolling strips of paper to make beads, cross stitching, finger painting, clay, crystal creations are all great activities (and useful distraction techniques)!

STRESS RELIEF

Fighting anxiety, depression, emotional trauma and substance cravings can be very stressful both mentally and physically. Creating art can be used to relieve stress and relax your mind and body.

Colour me in:


MUM'S MUG!
RAW

The Research

There is little funding dedicated to researching illicit drugs and drug use. When this research is done there is a focus on males, disregarding the various differences in the effect of drugs in terms of physiological and social implications for males and females. It is important that more research about drugs, drug use, and people who use drugs be more widely gendered.

Another important note about the research in this section. All the research we found referenced gender and sex binaries – women and men, females and males. They have also associated specific sexes with certain genders – females and women, males and men. This is an issue for nearly all areas of research. We recognise that these binaries are damaging and are not a reflection of the complexities of identity.

Why do Women use?

The research shows some interesting trends about the social backgrounds of women who use drugs. These trends extend on the understanding that some people use drugs for social, economic and emotional reasons.

There is little research that investigates why people use drugs generally, with most explanations coming from a base of stigma and discrimination. However, there is some research about the social background of women who use drugs which sheds some light on why some women use. Women who use drugs are more likely than men to:

- Hold most of the responsibility in their homes. This is called over responsibility.
- Report a traumatic event or stressors as their reason for using.
- Have families, including partners and spouses, where one or more members use drugs.
- Identify relationships problems as causing them to use.
- Be prescribed psychotropic drugs by a doctor.
- Use with other people present, all or mostly other women.

Domestic violence is endemic in Australia. Research from the United States shows a clear link between women who use drugs and experiences of intimate partner violence. They found that, amongst women who were receiving treatment, 57% had experienced violence from their partner. For women in the study who did not use drugs, this prevalence rate was 16%.

The influence of partners on women who use drugs is also evident in the practical use. Women were more likely to have had their partner obtain and pay for drugs, as well as organise the fits/equipment they used. They were also more likely to be injected by their partner. It is interesting that women tend to use non-injecting drugs for a shorter period of time prior to injecting drug use – 3.7 years compared to 4.6 for men. More women than men reported that the first drug that they injected or were injected with was heroin.
(Tuchman, 2010; Bryant & Treloar, 2007)

BARRIERS TO SUPPORT

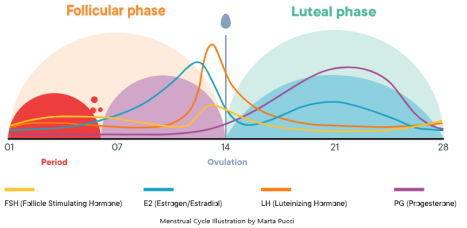
Women face barriers to accessing a wide variety of social services and participating in public life. For women who use drugs, some obstacles are discussed in the research: availability and affordability of childcare, fear of losing custody, fear of prosecution, transportation, health insurance, controlling relationships, and resistance or hostility from family. Women also tend to have more negative views about drugs and drug using. This can result in internalised stigma and shame. These negative views are supported by a society that judges women more harshly for drug use than men.

It is important for services to recognise these barriers and work to dismantle them. This could include providing free or affordable childcare during support sessions, allowing children to attend with parents, creating safe spaces for women in abusive relationships. Not only would conditions like these create a better experience for women seeking support, but they would also fulfil human rights obligations that services and organisations have.
(Tuchman, 2010; Human Rights Act 2019 (Qld))

COCAINE AND AMPHETAMINES

Did you know your menstrual cycle can have an effect on different drugs?

In the early 2000s research in the US revealed that ovarian hormones, such as estrogen and progesterone, may influence the behavioural effects of psychoactive drugs such as cocaine and amphetamines, by interacting directly with neurotransmitter systems in the central nervous system. When experiencing higher levels of estrogen, such as during the follicular phase, participants found increases in "euphoria", the high, "energetic and intellectual efficiency" when using psychoactive drugs.
(Justice & de Wit, 2000).



Ray, (2021)

MDMA

Studies show that the effects of MDMA are more intense in women. This means that we get more of the good stuff like increases in mood, depersonalisation, and altered perceptions of space and time. These positive effects can be feeling "free of worries and obligations," "boundless joy," and "comprehensive love" in "dream-like" spaces.

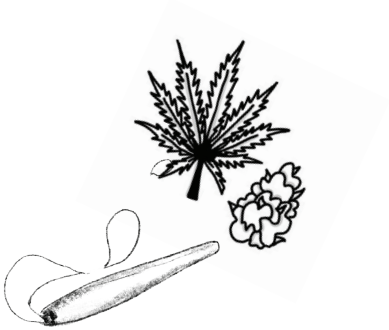
However, women also tend to feel more of the bad stuff too. Studies show that women have higher levels of anxiety and depression when using MDMA. This includes feelings of helplessness and defencelessness, and pronounced thought disturbances (impaired decision making, losing track of thoughts). Women also tend to have worse comedowns and are more at risk of Serotonin Syndrome (Check out our MDMA resource for more information).

So why does this happen?

Females produce more serotonin and dopamine - the happy chemicals in our brain. MDMA releases serotonin, which is what gives us a high. Women are found to be impacted more by MDMA because it builds upon our high base levels of serotonin to reach an increased peak. We then experience a sharper, more intense comedown because more serotonin has been depleted during use. (Liechti et al., 2001; Soleimani et al., 2015).

CANNABIS

There have been a few studies done about gender/sex differences in people who use Cannabis and more research is been done now due to its increasingly legality worldwide. However, in 2019 adult Australians and New Zealanders were consuming more cannabis than the global average (12.1% compared to 4%). So it's clear that this research is needed in countries where cannabis use continues to be illegal.



In terms of how women use Cannabis, we tend to use more discreet methods of consumption such as choosing edibles or capsules over joints or bongs. The research indicates that this may be because women are more likely to feel the need to hide their drug use. Women often face increased stigma around drug use, especially if they are a parent or caregiver.

How Cannabis affects women can also be different from other sexes. Studies show that larger percentages of women report decreased appetite and increased nausea and anxiety during withdrawal. This could be because women are more likely to use Cannabis to treat nausea and anxiety than other genders, therefore their base rate is higher. Interestingly, women report using Cannabis to treat the symptoms of anorexia, irritable bowel syndrome, and migraines than other genders.
(Cuttler, Mischley and Sexton, 2016; AIHW, 2021).

NICOTINE AND ALCOHOL

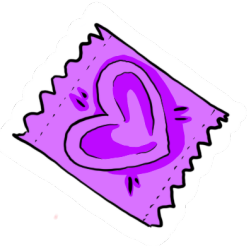
Australia's legal drugs – alcohol and cigarettes – have the greatest impact on the health of Australians (AIHW, 2018). Intoxication from alcohol resulted in more ambulance attendances than any other drug in 2021 (AIHW, 2021). The proportion of both Indigenous and non-Indigenous mothers who smoke during pregnancy is continuing to fall. In 2009, 14.6% of all mothers smoked during pregnancy dropping to 10.2% in 2019 (AIHW, 2021).

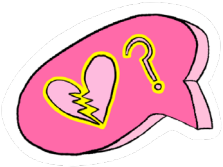
Women are doing their Harm Reduction when it comes to smoking. Women not only generally smoke fewer cigarettes in a day than other genders, but those cigarettes tend to have lower nicotine levels and we inhale them less deeply. Despite that, females report greater positive mood increases than males. Some of this can be related to physiological factors like sex differences in dopamine and nicotine receptor availabilities. Research indicates that these differences mean that females are more likely to smoke to increase mood and relax rather than because of a nicotine addiction. This also means that Nicotine Replacement Therapies are generally less effective with females. There are calls for more research and development of sex-specific therapies to address nicotine addictions.

Interestingly, research shows that older women were more likely to use alcohol than other genders and ages. These women are more likely to identify being widowed or divorced as a contributing factor to their drinking. Older women are also prescribed psychoactive medications more than any other group. This means that more older women combine alcohol and psychoactive drugs.
(Tuchman 2010; Verplaetse et al. 2018)

References: Australian Institute of Health and Welfare. (2021). Alcohol, tobacco & other drugs in Australia. Canberra: AIHW. Bryant, J., & Treloar, C. (2007). The gendered context of initiation to injecting drug use: evidence for women as active initiates. Drug and Alcohol Review, 26(3), 287–293. Cuttler, C., Mischley, L. K., and Sexton, M. (2016). Sex Differences in Cannabis Use and Effects: A Cross-Sectional Survey of Cannabis Users. Cannabis and Cannabinoid Research, 1(1), 166-175. https://doi.org/10.1089/can.2016.0010.Human Rights Act 2019 (Qld) s 26 and s 27 (Austl.). https://www.legislation.qld.gov.au/view/html/asmade/act-2019-005 Justice, A. & Wit, H. (2000). Acute Effects of d-Amphetamine During the Early and Late Follicular Phases of the Menstrual Cycle in Women. Pharmacology Biochemistry and Behavior, 66(3):509-15. Retrieved from https://www.researchgate.net/publication/12420607_Acute_Effects_of_d-Amphetamine_During_the_Early_and_Late_Follicular_Phases_of_the_Menstrual_Cycle_in_Women. Liechti, M. E., Gamma, A., & Vollenweider, F. X. (2001). Gender differences in the subjective effects of MDMA. Psychopharmacology, 154(2), 161–168. Retrieved from https://pubmed.ncbi.nlm.nih.gov/11314678/ .Moran-Santa Maria, M. M., Flanagan, J. and Brady, K. (2014). Ovarian Hormones and Drug Abuse. Curr Psychiatry Rep 16(11) 511-523. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4439205/. Ray, L. (2021, November 8). More than just your period. Clue. Retrieved November 16, 2021 from https://helloclue.com/articles/cycle-a-z/the-menstrual-cycle-more-than-just-the-period. Soleimani Asl, S., Mehdizadeh, M., Hamedi Shahraki, S., Artimani, T., & Joghataei, M. T. (2015). Sex differences in MDMA-induced toxicity in Sprague-Dawley rats. Functional neurology, 30(2), 131–137. Retrieved from https://pubmed.ncbi.nlm.nih.gov/26415786/. Turner, C., Hockings, B., Falconer, T., & O'Rourke, P. (2004). Illicit drug use in Queensland women prisoners. Australian and New Zealand Journal of Public Health, 28(4), 390–391. Verplaetse, T. L., Morris, E. D., McKee, S. A. and Cosgrove, K. P. (2018). Sex difference in the nicotinic acetylcholine and dopamine receptor systems underlying tobacco smoking addiction. Current Opinion in Behavioral Sciences, 23(1), 196-202. 10.1016/j.cobeha.2018.04.004.

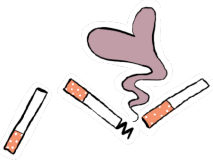
Pregnant and Parenting People who use drugs.

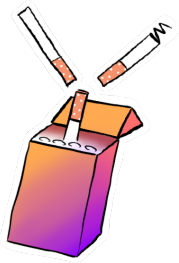




DRUG USE DOES NOT EQUAL PARENTAL UNFITNESS.

Being a pregnant person, a mother or caregiver is hard. When you add stigma and discrimination to the mix, it becomes even more difficult. Stigma has been shown to create more stress, delay seeking help, reinforce differences and can lead to people leaving support services and treatment. Things need to change in regards to how we treat pregnant people, pregnant women, mothers and caregivers who use drugs.

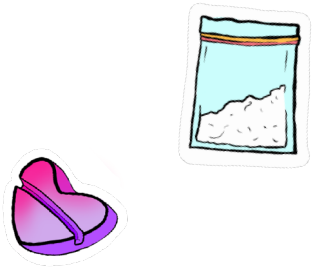




There are many misconceptions about the effects of drug use during pregnancy and parenting, a lot of them are created out of fear rather than evidence. However, stigma associated with substance use can produce some of the most harmful effects for parents, mothers and babies. There are many factors that determine someone's ability to be a parent, and it is not one size fits all. Environmental, physical, cultural and mental factors are just a few. Substance use (legal and illicit) is only one determinate, but is often used as the primary and sole focus. Substance use is a wide spectrum with effects from benign to very serious, depending on the context.

Women and parents face this discrimination and stigma within hospitals, antenatal, prenatal care, appointments and by nurses, midwives and doctors. It prevents people getting the care they need and potential help for their substance use. Most pregnant people, women and mothers tend to avoid seeking help or treatment because they fear the stigma and discrimination, as well as the criminal consequences for speaking about their substance use (they could lose custody of their children).

Most pregnant people, women and mothers tend to avoid seeking help or treatment because they fear the stigma and discrimination

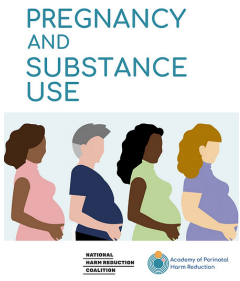


As a result, the outcome is mostly negative and results in the children being separated from their families and entering the foster care system. These changes can impact on children's emotional and physical wellbeing. This traumatic loss and separation has such a harmful effect, in most cases on the health of both mother and child/ren which only creates more challenges and traumas.

Treatment and care in a non-discriminatory, friendly environment with no judgement will encourage women who wish to seek help, a safe and supported place. Policies that support empathy and encourage keeping families together rather than separating them, can result in positive long-term health for both mother and child. Changing the stigma associated with substance use is a long road, and it's apparent that this "war on drugs" must also be a war on stigma if positive change for women, parenting people and public health are to occur.

Note: We use the term "pregnant people" in order to be inclusive of people of all genders who have the capacity to become pregnant. Great harm reduction resource for pregnancy & parents: check out the National Harm Reduction Coalition's Pregnancy and Substance Use: A Harm Reduction Toolkit online.

References: Olsen, A., Banwell, C. and Madden, A. (2014). Contraception, punishment and women who use drugs. BMC Women's Health 14(5). https://doi.org/10.1186/1472-6874-14-5



HARM REDUCTION
strategies for parents

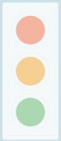
Record how much you use. This can help you reduce your use, even if that was not your original goal.

Set limits on when and where you use, like waiting until after 5:00 to drink or only using at home or with a trusted friend.

Make a list of the risks and benefits of stopping and continuing to use. Think about where you're at or who you're with when you use.

Avoid using opioids. alcohol, or other depressants (downers) when you are feeling alone or vulnerable.

Switch to a safer method of using your drug of choice. For example, edibles instead of vaping or smoking instead of injecting.



absorbing ingesting inhaling injecting

Set personal limits on what you use, how often, and how much. For example,don't combine substances. Plan to have no more than 3 drinks over 2 hours.

Make a safety plan before you use. For example, arrange transportation so you don't need to drive.

Make a parenting plan. Before any substance use - including alcohol use - arrange for help with childcare.

Attend support groups like Moderation Management, SMART Recovery, NA, or AA. Look for peer support.

Take good care of your body and mind. Eat healthy foods. Get enough sleep. Exercise. Drink water.

NATIONAL HARM REDUCTION COALITION

Academy of Perinatal Harm Reduction

harmreduction.org
perinatalharmreduction.org

*Note: QuIHN offer free support programs in QLD such as Treehouse Parenting, Mud Maps (peer support), MAIZE (Mental Health & Illicit Substance Education), & Hi-Ground's online peer support chatroom.

Principles of Perinatal Harm Reduction

DIGNITY + SUPPORT

Safety Seeking pregnancy care shouldn't be dangerous. Talking openly about substance use should be part of everyone's routine care.

Autonomy We should respect each other's ability to make informed healthcare decisions that reflect our priorities + preferences.

Shared Decision-Making Providers should work with patients to explore all their options - then they should support their goals.

Informed Consent If we're going to give informed consent we need to talk about what we're being asked to do and why. If we don't have the power to say no, it's not consent.

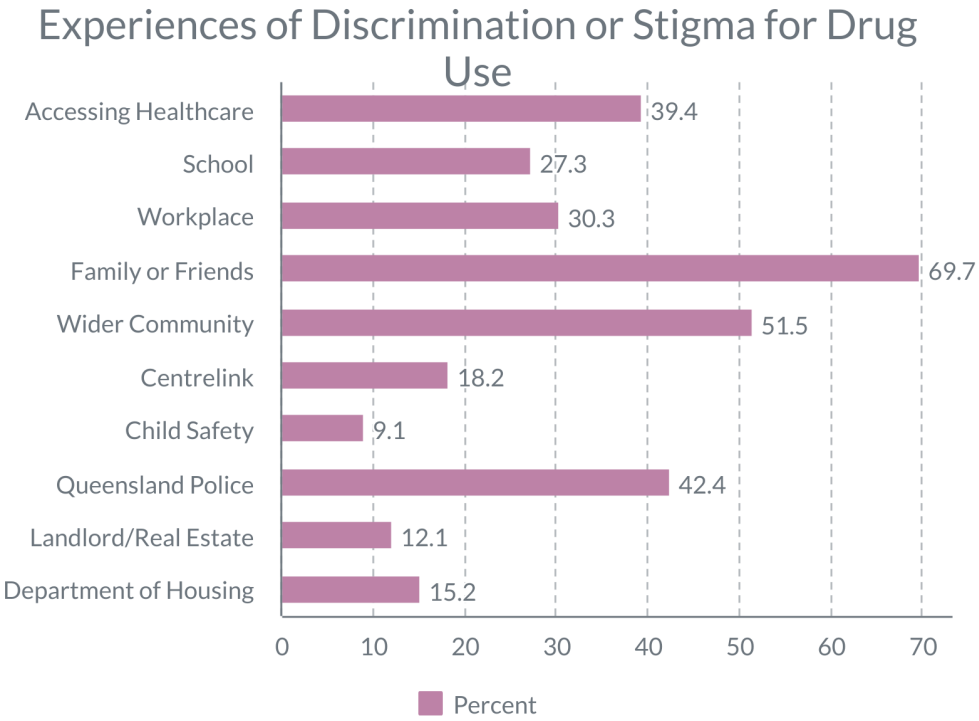
Do No Harm Parents and babies need each other. It's unethical to drug test without consent or to collect evidence that can be used to cause harm. ASK: Is the test medically necessary?

Academy of Perinatal Harm Reduction

perinatalharmreduction.org

Stigma and Language

Our survey shows that many people have experiences of discrimination or stigma because of their drug use, with majority coming from their own family or friends. This then followed from the wider community, the police and healthcare services.



SOME WAYS TO TACKLE STIGMA WITH FAMILY AND FRIENDS

It can be really hard to talk about substance use as it's often viewed through a "moral" lens. This can lead to stigma, as well as the subject being swept under the rug. Frequently, family members and friends don't understand the nature of substance use. Many people are then left feeling guilty, or helpless. Drug dependency is still significantly less talked about and typically remains a secret, just as mental illness was formerly a taboo topic.

Education leads to understanding and helps to reduce stigma. Talk to your loved ones about the reality of addiction with some support (counsellor, treatment team), resources and tools. Try to dismiss the negative narrative portrayed by social media, news and naysayers.

Here are some ways you can address the topic with your loved ones:

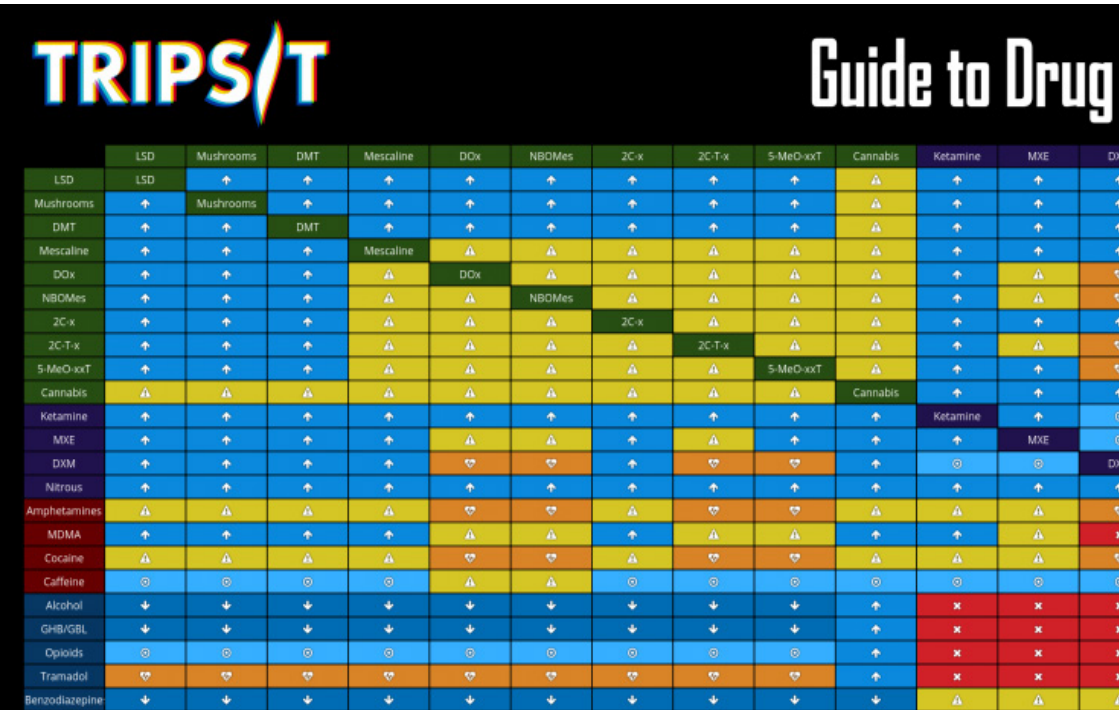
- How physical signs and symptoms such as sleep difficulties, vomiting/ nausea, sweats and chills, fever, tremors and weight gain or weight loss, are physically and emotionally exhausting.
- How addiction affects the brain in both the short and long term, resulting in poor decisions and unexplainable actions.
- How substance abuse frequently coexists with mental health issues such as trauma, anxiety and depression.
- How treatment strategies for addiction can help.
- Having support really makes a difference.

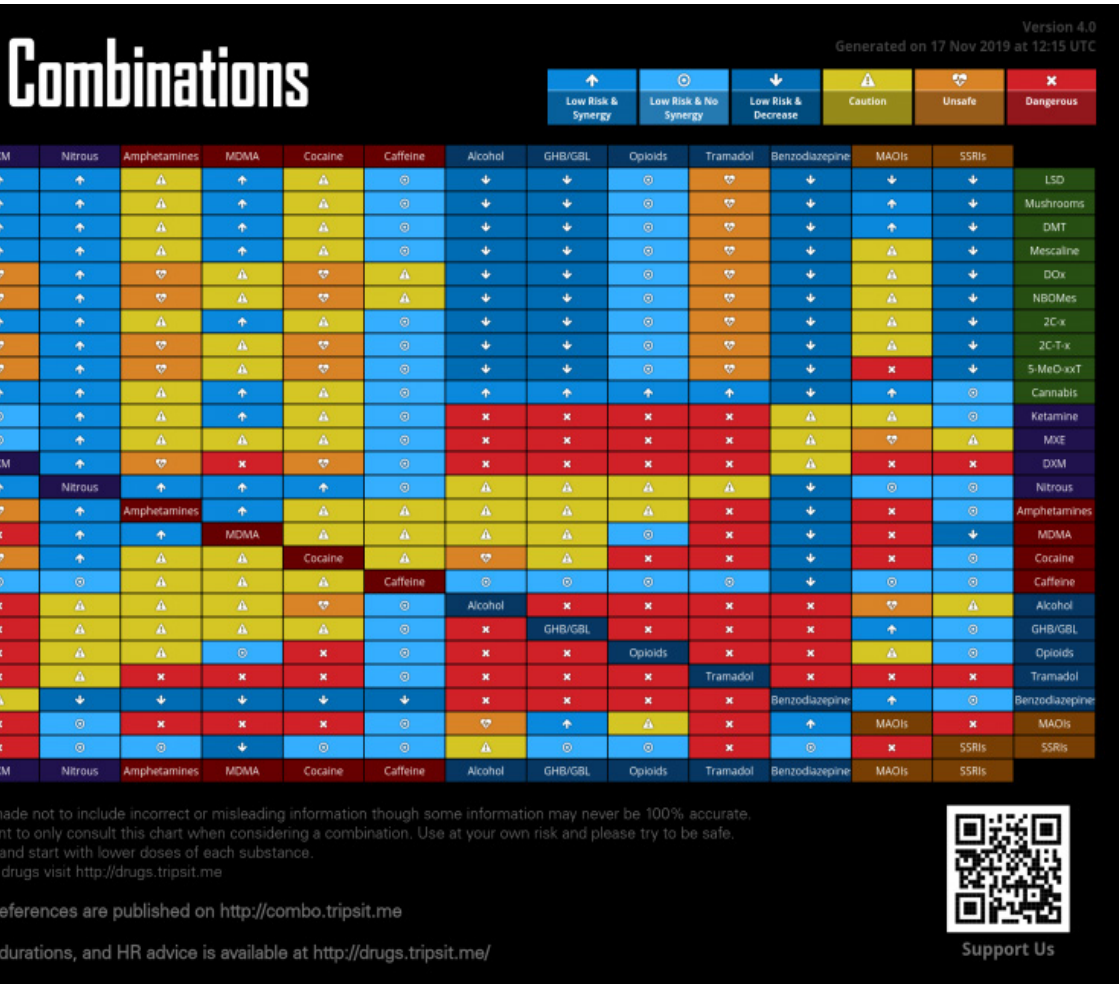
Instead of saying this....	Try This!
Abuse/ misuse/ problem use/ non-compliant use	Substance use/ non-prescribed use
Drug user/abuse	Person who uses/injects drugs
Addict/ junkie/ druggie /alcoholic	Person with a dependence on..
Clean/ sober/ drug-free	Person who has stopped using drugs
Ex-addict/ former addict/ used to be a..	Person with lived experience of drug dependence
Lacks insight/ in denial/ resistant/ unmotivated	Person disagrees
Not engaged/ Non-compliant	Treatment has not been effective/chooses not to
Drug seeking/ manipulative /splitting	Person's needs are not being met
Using again/ fallen off the wagon/ had a setback	Currently using drugs
Stayed clean/ maintained recovery	No longer using drugs
Dirty/clean urine	Positive/negative urine drug screen
Dirty or clean needle/ dirties	Used/unused syringe
Replacing one drug for another	Pharmacotherapy is treatment

Adapted from Network of Alcohol and other Drug Agencies (NADA) and NSW User and AIDS Association (NUAA), Language Matters from the National Council for Behavioural Health, United States (2015) and Matua Raki, New Zealand (2016)

Tripsit Drug Combinations

Most people indicated in the survey that they are polysubstance users, meaning they use more than one thing at a time. Because of this, it's important to know how the substances we use interact together. When we combine substances we may reduce their benefits, amplify their effects, or even put our lives in danger.





Reference: TripSit. (2021). Drug Combinations. Retrieved from https://wiki.tripsit.me/wiki/Drug_combinations

Drugs, Domestic Violence + Me.

Hospitals are creepy places. I reckon they're even creepier at night, ESPECIALLY late at night. However, that isn't what I was thinking on this night at 11.30pm, whilst sitting in my car facing a well-known, nameless medical institution.

A Lived Experience Tale - By Fiona Louise

My adrenaline was pumping, and my mind was racing. The reality of what I had been in denial about for the last 6 months was now, well, undeniable. The evidence toppled like dominoes in my mind. As I tried in vain to catch them, I knocked down even more central, more painful dominos, releasing a cascade of vivid memories of crazy psychological, and emotional abuses. The mental pain was intolerable. My heart was in my throat, suffocating.

"Fuck you, you fucking asshole," I whispered to no one.

I concentrated on breathing in and out, in and out, like I was taught in yoga, until I could hear my breath clearly whooshing past my eardrums. This was a relief because I couldn't feel my heart beating, maybe because it was broken beyond repair. I wondered vaguely if this was anxiety or maybe the earliest signs of a heart attack. I didn't fear either of these possibilities, just mildly observed them.

I was psyching myself up, slapping myself on the back. 'Come on, you can do it, you HAVE to do it, for abused women past, present and future, everywhere. Just walk in those eerie double doors, straight up to the first admin desk or nurse or doctor, whoever, and SPIT IT OUT!

"I need a toxicology report please."

I scanned my memory, experiences and knowledge for clues on how medical staff might initially respond.

Nurse: "Really sweetheart, why is that?"

Me: 'I believe my partner/ex/head fuck has been drugging me.

Nurse: "Really? What with?"

Me: "Seroquel. Lyrica, Xanax. I don't know, that's why I'm here."

Nurse: "How do you know he even has access to those drugs? Why would he want to drug you?"

Me: "So I would stay put while he is fucking his girlfriend. Look, you should really test me soon. Seroquel can only be detected in your system for 2 hours."

I only knew this because he had taken great pleasure in telling me, once I told him of my plans to get a toxicology report.

Nurse: "Things just don't work like that, it's not that simple. There is a proper process to follow, I mean this is a huge claim, how can you be certain? IF this is true, it's domestic violence. IF that's the case, why don't you just leave him? Otherwise you must first report it to the police, then THEY will request a toxicology report."

I rang the police once, after my ex smashed up my house. They came and arrested me for a bong in my son's room. They gave my abuser his backpack and told him good naturedly to go away until he had cooled down for a bit. Then later, he was bailed to my house, without anyone asking me; and that was when the drugging started. The worst of my abuse was bestowed on me by our "justice" system.

Call the cops? Probably not.

Nurse: "How do you think he's been drugging you? In your coffee or porridge maybe? Maybe you forgot you took a little something yourself? That's understandable."

Me: "NO. I know he's been injecting me with something."

Nurse: "Injecting you without your knowledge? How is that even possible?"

Me: "Well no, I let him. He was meant to be helping me."

Nurse: "I beg your pardon? You let him inject you?"

Me: "Well of course I didn't let him inject me with anti-psych drugs, or benzos, or anything like that. I thought it was rock."

Nurse: "Rock?"

Me: "Amphetamines, ICE, rock; you don't crash out for 10 hours, then wake up groggy, as if I've been on the piss all night, EVEN when the rock is at its most crappy; but this is far from my only evidence."

Here I imagined her whole demeanour changing right in front of me.

Nurse: "Right then, wait right here, DON'T MOVE! I must confer with my superiors. I will return shortly with a psychiatrist and a complimentary 3-night stay in the psych ward. A straightjacket will be provided, but must be returned afterwards for re-use. Meals and meds are free."

I wondered vaguely if the meds they might give me would include Xanax, Seroquel and Lyrica. The irony amuses the hell out of me, but not in a 'laugh a minute' kind of way. Finding humour in situations that are 'anything but funny', can sometimes keep one alive.

So, what did I do?

After considering many solutions to the same situation, I did nothing. I drove away quietly, to become one with a fear filled night, back to the conceited abuse of my tormenter. I decided the damage caused by a night of being stigmatized and discriminated against, to be equal with being drugged in the first place, worse in fact.

Disclosing I choose to inject illicit substances seemingly negates my right to safety, as if through my own lifestyle choices. I've brought the abuse on myself, karma no doubt.

My mum said, "What do you expect when you hang around people who inject drugs?" Thereby, removing a fundamental safety net.

If I'm candid about my drug use, neither will I be welcome at any women's refuge/shelter.

"We have to consider the safety of others," another safety net gone.

If I disclose my drug use status, I will not be offered public housing, no matter how urgent my need. The support of yet another safety net is gone. My truth refutes my right to be heard.

“IF this is true, it’s domestic violence.” My sister once told me the most powerful words a victim of domestic violence can hear are “I believe you,” she was right. However, divulging my drug use status undermines my credibility; I will be regarded as sadly lacking intelligence. “Are you sure? Maybe you took a little something yourself, but don’t remember?” Because I chose to inject my drugs, I couldn’t possibly remember what they were. Right? Even the most well-meaning, non-judging support workers seem to be more interested in encouraging survivors of domestic violence to achieve abstinence, rather than freedom, inexplicably tying them together, as if you can’t have one without the other.

If I’m honest about my lifestyle choices, my right to feel safe is at risk.

My reason for writing this isn’t to shine a spotlight on the culture of domestic violence, and the faults in its prevention strategies, because quite frankly no light is big enough, and bullies cast their own shadows.

“My right to feel safe is at risk.”

I wrote this to highlight that the chaos that follows a down trodden woman as she scrambles to survive, is mind splitting. Engaging in this process as a woman who injects drugs, is body, mind and soul destroying. Her personal choice to inject or ingest drugs, licit or illicit, shouldn’t be included when weighing her worth, yet it is.

Her lifestyle choices shouldn’t dilute the protection she has a right to expect from her community, against her antagonist, yet it does.

Systematic abuse is real, and if you choose to inject or ingest illicit drugs, it’s not only endorsed, it’s encouraged.

I wrote this because we are finally talking about domestic violence. We are talking about how to better support abused women to escape their crazy making partners.

We could start by removing unrealistic conditions that women in abusive situations, who choose to inject drugs, are expected to adhere to. This will see survivors take back their liberty, and make for a more enhanced and enhancing society.

Why are we so scared of evolving?

Current drug legislations keep women in toxic, violent, codependent "relationships". If you are totally addicted to something, and your abuser deals out that something to you at his whim, you are living a nightmare from which there are little to no options for escape. Women return to their tormentors willingly, time and again, as their physical need overrides all common sense and instincts of self-preservation.

Your abuser will always be waiting at the door, smiling smugly, because he knew you'd be back.

These are the women who, too often fatally overdose, committing suicide, the verdict being "because they used drugs" rather than "they were escaping profound abuse by profound means."

If reducing DV deaths is on your agenda, then changing current illicit substance legislations is the obvious place to start.

Below are some suggestions if you are seeking support and/or information, for you, a friend, or family member.

By phone 24 hours, 7 days a week:
DVConnect Womenslink 1800 811 811
(Calls to the Womensline number are free from any public phone).

DVConnect Menslink 1800 600 636

Sexual Assault Helpline 1800 010 120

Pets In Crisis (via DVConnect) 1800 811 811

By App:

PENDA, download for various tips from finance to safety. PENDA has several little tricks, it is quick to exit and doesn't appear as a DV app.
By Web: http://www.dvconnect.org/
https://www.psychopathfree.com/


Hi-Ground
People who use drugs
Need someone to chat to?
Join our peer run chatroom
https://chat.hi-ground.org
General public 24/7
Other channels include:
#hi-forum, #peer-drug-reports,
#women-and-femmes,
#harm-reduction-covid19
Desene love too

Harm Reduction Trivia

TEST YOUR KNOWLEDGE

1. Q. Taking MDMA (caps, pills, ecstasy) has the same risks in hot weather and cool weather:
True or False

2. Q. Taking cocaine while drinking alcohol will sober you up, so you can drink more:
True or False

3. Q. What is an 'optimal' dose of MDMA?

A) 50mg + your bodyweight in kilos

B) Double dropping disco biscuits

C) 100mg + your bodyweight in kilos

D) 300mg

4. Q. Amyl (Jungle Juice, Poppers etc.) is safe to drink?
True or False

5. Q. Double-dosing or re-dosing will increase the pleasurable effects of MDMA:
True or False

6. Q. What drug combo can be fatal?

A) Mushrooms and Nitrous

B) Cannabis and Opioids

C) Alcohol and GHB

D) Ketamine and DMT

7. Q. Which of the following tips help reduce the risk and harms of MDMA use.

A) Always try to ensure the quality of what you are taking.

B) Test your drugs with a test kit, or at a minimum ask other people who've taken this batch what their experience was like.

C) Start low, go slow

D) Don't take MDMA in the heat of the day

E) Steer clear of mixing MDMA and other substances (inc alcohol).

F) All of the above

8. Q. Which of the following does NOT increase risk of respiratory depression?

A) Heroin

B) Xanax

C) Benadryl

D) Ketamine

9. Q: In 2019, over 50 individuals died from vaping-related lung injuries in the US. Which of the two following were related to these deaths?

A) E-cig cartridges

B) THC cartridges

C) Vitamin E acetate

D) Propylene glycol

10. Which of the following has NOT been used as a treatment for opioid use disorder in Australia?

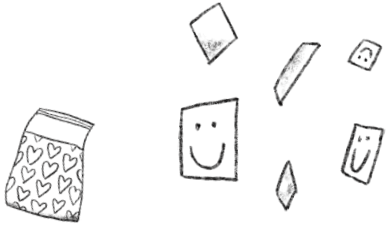
A) Methadone

B) Morphine

C) Buprenorphine

D) Heroin

How did you go?



1. ANSWER: False
EXPLANATION: Taking MDMA can increase your body temperature, potentially damaging your organs, including your brain. It is important to stay cool when taking MDMA. MDMA is much more likely to cause damage if taken in the heat of the day. Stay cool, take breaks from dancing and drink plenty of water – 1 cup of water per hour when resting, or 2 cups per hour when dancing. Beer or other alcohol is not an appropriate substitute for water.

2. ANSWER: False
EXPLANATION: Cocaine can give you the illusion of being sober, but when the coke wears off you could be a lot more intoxicated than you realise. Cocaine and alcohol combine in the liver to create cocaethylene. This dangerous substance increases blood pressure and can cause long-term liver damage and the potential for sudden death.

3. ANSWER: A
EXPLANATION: An optimal dose of MDMA is roughly estimated to be about 1.5mg per kg, or about 75-120mg for most people. This means if your healthy body weight is about 50kg, you should take no more than a 75mg dose to start. (Use your healthy body weight - you should NOT take a higher dose if you are overweight). Women do seem to be more sensitive to the effects of MDMA regardless of body weight. Starting with a dose in the 75-120mg range based on your body weight should give more of the pleasurable effects and less of the negative effects. Warning: The dose of MDMA in any one capsule or tablet can vary substantially and can even be very different in capsules and tablets from the same batch.

4. ANSWER: False
EXPLANATION: Amyl is a highly toxic chemical that can be fatal if swallowed and will cause serious chemical burns if it touches your skin. A recent fatality at an Australian Festival was caused from Amyl being decanted into a soft drink bottle and mistakenly drunk. Avoid decantering this substance and with any substance, never leave them in an unmarked bottle and keep it out of reach from others (especially children). Be careful with it!

5. ANSWER: False
EXPLANATION: More MDMA is not always more fun. Higher doses tend to leave people feeling too wasted for too long and less able to enjoy the people around them and their environment. Top tips:

Wait at least 2 hours before considering re-dosing, the drug peaks after two hours – not sooner! Use only ½ or less of your original dose if you want to extend the experience a few more hours. Re-dosing any more than ½ the original will usually only increase the negative side effects.

Avoid mixing, especially with other stimulants like cocaine and methamphetamine

If this is your first time using MDMA, your first dose should be lower due to the unpredictable individual responses, and you should not re-dose.

6. ANSWER: C
Explanation: Even in very low doses this combination rapidly leads to memory loss, severe ataxia and unconsciousness. There is a high risk of vomit aspiration while unconscious.

7. ANSWER: F
Explanation: All the above answers help reduce the risks and are good Harm Reduction strategies.

8. ANSWER: D
Explanation: Although ketamine has been used as a sedative and in medical settings due to its depressant effects, it does not produce respiratory depression. Due to this it has become a popular anesthetic for surgery. However, using ketamine with alcohol increases the risk of respiratory depression, along with memory loss, slowed breathing, coma, and death. Users may be unaware of how much the substances are affecting them due to combined intoxication. In examining the death of a British teenager, the pathologist in the case stated that the alcohol/ketamine combination was a contributing factor in her death: “In combination, she actually caused more damage than if she had taken ketamine alone.”

9. ANSWER: B & C
Explanation: Upon investigation, it was determined that these deaths were due to unregulated THC cartridges that contained Vitamin E acetate. This ingredient was connected to 54 deaths and more than 2500 hospitalisations.

10. ANSWER: D
Explanation: In countries such as Canada, Switzerland and several others, heroin has been prescribed as a form of treatment. However, Australia has not adopted this approach. Prescribing medical-grade heroin as a treatment for OUD first started in the UK in the 1920s; however the most popular method of heroin-assisted treatment (HAT) started in Switzerland in the 1990s and people were allowed to inject under medical supervision. Studies found that HAT is a highly effective form of treatment, especially if other forms have been unsuccessful. It reduces illicit heroin use, improves treatment retention and other benefits include improvements to health and mortality.

Dancing in the Dark

A lived experience tale - by Queen.

Why did I start to use drugs? Why does anyone use? For pain relief, to soothe the ache of an existential dread. And for fun, the unadulterated pleasure that only drugs provide.

Drugs found me at a time I wanted to die. I was a 14-year-old, teenage girl, I felt completely lost. Lost in my mind, that told me I was worthless. Lost in my dysfunctional family who I felt totally invisible to and unloved by. Lost in my body which, in retrospect, could be best described as self-hatred brought about by trauma and body dysmorphia. Lost as a member of a society that measured me by an impossible beauty ideal. And lost in a school system that I did not, could not, belong or "fit" into.

I stopped attending school at the beginning of Year 10. I slipped through the giant crack in the chasm of support that should have been there to catch me, and disappeared into my own silent, invisible, and lonely hell.

I attempted suicide multiple times at this stage, to find myself awake in another hell of patronising nurses who viewed me as "attention seeking" as opposed to "attention needing" and psychiatrists who trialled various mood stabilisers on me, to no great effect. I felt like a histrionic, pathetic little girl in the eyes of the world, and no one went out of their way to make me feel like anything else.

The only thing that helped to dull the pain of life was the warmth that I had discovered from overusing my migraine medication. Codeine was my only friend at this stage in my life, as my peers could not connect with me. Truthfully, I couldn't connect with them either.

Then everything changed, I met an older guy. He was a dealer, a DJ, a raver, and he introduced me to a much better place, like heaven. He showed me methamphetamine and heroin, and I fell in love with how my body felt wrapped in his as we spent our days using and making love. We bonded over MDMA and techno and life was good... for a short period.

Sex, drugs, and raving became my everything. The drugs and music saved my life, I believe that beyond a doubt.

I was so happy. Until I wasn't. It was never the drugs that hurt me though, it was what came with them and if society hadn't viewed me differently, I believe I would not have been so damaged along the way.

Being much younger than this man, the power dynamic was all in his favour. He held the power of the drugs I needed to survive my mind, life, and the growing sickness from dependency. He was bigger and stronger and older, he owned the money and the house, and he abused me, badly, in every way.

My beginning was also my story for so many years, and this became my pattern: abuse, escape, repeat. Symbiotic relationships of power and abuse over my body in exchange for the sliver of safety these Men promised me against the cruelty of the world, and for the drugs that took my pain away.

When I would strike out on my own there weren't many options open to a young woman with a habit, without any education and a resume made up of using and partying. I wasn't particularly criminally minded, so I would get caught by Police making petty mischief: going through cars and letterboxes and stealing tip jars from poor, overworked, underpaid restaurant staff (not my finest moment). I would steal just enough to get high and then would have to do it all over again. Credit card numbers stolen from unsuspecting patrons at my friend's café job, getting us flights to Melbourne and back (where the good heroin was) and laptops that we could sell on. But alone, I struggled to commit crimes as my paranoia and lack of confidence let me down, and so I would attempt to deal on the side, struggling to not get high on my own supply.

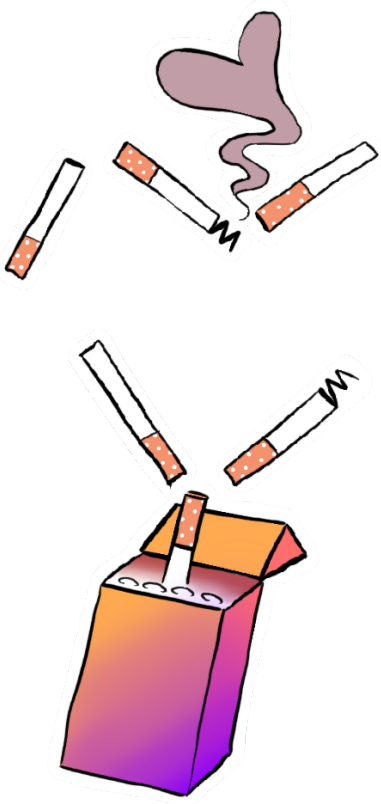
For many women sex-work is an expression of their feminism and self-autonomy, she is master of her own body, and she is making the choice for herself. However, when you don't have a choice, you are at the mercy of an industry that uses women's bodies up and spits them out. The stigma of being a drug user and a sex-worker is soul destroying, as society views the women in this industry as deviant and dirty. Police are not kind to workers and perpetrators of violence specifically towards this group are chilling.

Money of my own was powerful. With it I could escape violence from my intimate partners, yet found myself disempowered again and again by partners who then used me for my money. So, for me the only way to save myself being damaged irreparably was to completely escape the social side effects of using.

By getting into an opiate replacement program, I was no longer having to fund my use. Ironically, my life suddenly and spectacularly turned around the minute I could access a regulated and clean supply of drugs from the government! From this one simple step, I was no longer at risk of violence and further trauma. I continued to use, but I did not have to risk my safety anymore to do so. Who would've thought the damage and trauma from the social side effects of using could be avoided? My drug use no longer had to live in the dark underworld of the illicit and criminal, a place that inefficient drug policy has created, where gangs and violence flourish. I could start to try to heal all the pain that had come with that life.

Since then, I entered the male centric and unregulated realm of drug and alcohol treatment services. I have been forced to get off the ORP (Opiate Replacement Program) in order to go into rehabilitation, to be taken through "steps" that taught me I was powerless and that I needed to give my life over to a power greater than I am. Looking back (with what I know now) I believe this is an incredibly damaging way to treat women who already came from a position of no power and have been abused by those who do have the power.

Firstly, I was not morally deficient and in fact needed to claw back my power from the systems that set me up to become disempowered. I needed to become self-actualising and regain my self-autonomy, not give it away all over again! Secondly, I believe that medications such as ORP are as useful as antidepressants for some people. As someone who late in life has found out they have ADHD, medication is a daily requirement for me to have a chance at life. Blanket removal of medication is not person-centred and feeds back into the notion that "drugs are bad" (but only the ones the Government decides, based on moral judgement and nothing to do with scientific research).



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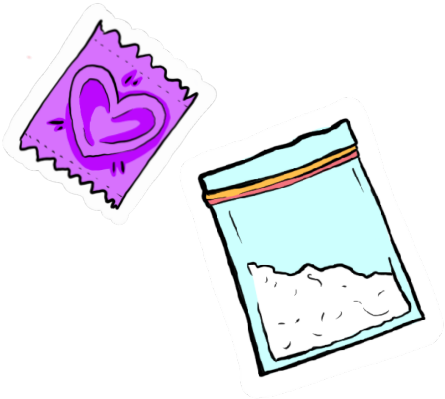
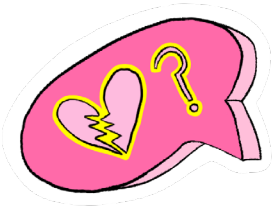
Sex-work was the next logic

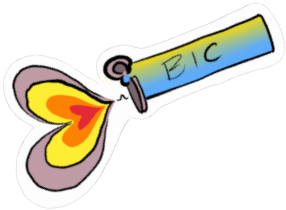
The drug and alcohol treatment space is informed by predominantly male led researchers and is based on the needs of male drug and alcohol users. Due to the patriarchal positioning of men in the sciences, men have dominated the research space. Plus, men appear in census outcomes to be the most in need of AOD services. However, statistics don't show the whole picture for many reasons; women slip through the cracks due to needing to protect their family from child protection or self-funding their use through sex-work as opposed to showing up in the criminal justice system (Jenny Valentish, Woman of Substances: A Journey into Addiction and Treatment. 2017 – I highly recommend reading!).



Since rehab I have gone on to have years and years of social, happy drug use. During a period of relapse (brought about by a new traumatic experience) I again went onto ORP. At this time, I was pregnant and the stigma and poor treatment I received at the hands of midwives and pharmacists for being on a government funded and approved medication while pregnant, felt no different to the treatment I received while using illicitly as a younger woman. I attended all my antenatal classes, I was paying for private health and hospital for the greater good of my unborn child, yet I was treated and questioned as though I was scum of the earth.



not morally deficient and in eded to claw back my power e systems that set me up to e disempowered."



As a woman who went through interferon treatment in the days before it was as quick and painless as the treatment is now, but having to explain that I only had antibodies left every time I was questioned over my hep C status, as though I was diseased and dirty, was incredibly triggering to me. After all my hard work to turn my life around and make myself socially acceptable, to this lot of "educated, professional, health workers" nothing I had done to change even mattered. I was still a "junkie mum" who was to be treated as such. Due to the way I was treated during my first pregnancy, I kept everything secret during my second, only to then be "found out" to be withholding information. This was for fear of judgement, but to them I was just feeding into their stereotype of a "lying junkie" and the stigma and treatment ended up being even worse.

cal step in an otherwise illogical system.

Men do not have to experience the stigma of their use affecting their unborn child. The mother is the one who's body is no longer her own once she becomes pregnant and it becomes society's right to judge and shame her on the decisions she makes outside of what is deemed acceptable.

The decision to own and do what one wants with their own body should be an automatic right. I know that patriarchy and toxic masculinity are the root cause of why my life went the way it did. The way it all intersects with racist and sexist drug policy, which determined damaging outcomes in my life angers me. If drug use was viewed differently, if I could have safely accessed drugs for myself with support in place to keep me safe, I would've had an entirely different life path.

And so, it continues... I was working in a Youth Detox centre and coming across young teenage girls, lost, hurt, unsupported, who fell in with Bikies and found drugs and what they thought was freedom. I know that what they aren't saying is that they're being used, but as they themselves don't fully understand it they sadly don't have the words to express it. These are young teenage girls who have gotten drunk, as is their right, and something brutally terrible has happened to them. But, when they asked for help they were instead "slut-shamed" by the Police, their friends, and their families.

Though being a woman that uses drugs has some terrible negatives, it isn't all bad and that balance needs to get evened up.

Being in control of what we do with our bodies, enjoying the drugs for their pleasurable effects and for their way of dulling pain and trauma means that they are brilliant as a tool to override the ills that society does to us. The soft, empathetic, and glorious lovemaking when "Pilling." The warmth of returning to the womb, the ultimate safe place of heroin, sex or marathon, exquisite, speed deviant sex of methamphetamine. Sex on drugs has allowed me to access parts of my body I just cannot seem to naturally and has taken me to sexual highs some people could only imagine in their wildest dreams.

Some of my all-time favourite memories are rolling deep on ecstasy or the sensation straight after having a shot of meth, and cuddling a beautiful friend. The connection you get with others in those states are so deep that you can feel like you are one person. All the walls of pretence are knocked down and all that's left is true empathy and completely stripped away, bare honesty. It does not matter if that friend is male or female, the true soul of a person is present, and that humanness is without gender.

Music and drugs also go hand in hand, and I would rate this right up there with sex on drugs. Being at a gig, the sub-bass purring through you as you connect with every soul around you in a tribal experience that is lost in modern day. This is a safe place. There is equality on the dancefloor, people are there to have fun, to get off their heads and to enjoy the music and men will look out for your safety and put a stop to anyone being inappropriate as it is not tolerated. MDMA is Queen here.

Drugs can make you feel good, it's as simple as that. But it's the social collateral from the way drugs are positioned in our society that causes the most harm. It's easy to argue, especially to women and children.

It's a simple problem that has a simple answer, but it doesn't seem to matter to those in power because they're not affected (or they're protected from the laws applied to everyone else).

Sexism + Alienation of PWUD's = harm to women and children, society loses its human rights and loses economically. The decriminalisation (or in an ideal world legalisation) of drugs = the most Simple Solution!

More information or helpful resources regarding some of the content in this story:

If you're a sex worker in QLD and looking for support, information, education, health checks, advocacy, or want to join the fight for legislative and political change hit up

Respect QLD who are located in Brisbane, Gold Coast, Cairns and Townsville.

If you are looking for a stigma free GP, or counselling support with illicit drug use call QuIHN.

If you're sexually active or enjoy a bit of chemsex be sure to get regular sexual health checks, STI's such as chlamydia, gonorrhoea and syphilis are on the rise in QLD. Check out these orgs for more information or locations around QLD where you can get tested! Search online for True Relationships & Reproductive Health, Lady Peeps & Stop the Rise.

After an overdose it is not the time for: Shaming, Arguing, blaming. Be kind.

Stigma

There is a stigma and discrimination around drug use and overdoses.

This can create a barrier to seeking help or treatment and in having support from family and friends because of a lack of understanding around how substances can affect a person.

The notion that the person can control their drug use and therefore blamed for continued use creates an environment that can be internalised by people using and they decided not to seek out help to avoid negative responses or rejection.

This stigma can increase social rejection and discrimination for those using substances and can result in increased use of the substances or a relapse.

Stigma comes from social beliefs, often reinforced by the media and the use of language, punitive policies, law enforcement and criminalisation of drugs.

Education around substances use can help to reduce stigma and increase the rates of people seeking support or treatment.

Hi-G

Awareness

Having awareness around the signs and symptoms of an overdose can save lives and reduce the risk of fatalities. Knowing these signs will allow you to know when to call emergency services and what to look out for.

Different drugs can create different symptoms, as well as the amount taken and the persons health at the time, however, if the person is not responding, unconscious, in pain or physical/mental distress you should call an ambulance.

Naloxone can also be extremely beneficial for people who experience an opioid overdose, however, there needs to be awareness that the person will go through a withdrawal if they have been administered Naloxone which can feel terrible.

Also understanding that there are risks of a potential second (or more) overdose as the effects of the Naloxone leave a person's system faster than substances such as heroin, morphine and oxycodone.

When they wake be gentle, remind the they are safe & stay with them.

Hi-G

State Laws

Calling 000 for an overdose can be unpleasant. It can bring anxiety and fear around being arrested by police for using and/or owning substances.

This stigma around substance use and overdoses creates an environment of fear around calling emergency services.

Calling emergency services though is lifesaving and should always be called for a suspected or known overdose.

Currently all states have relatively the same approach. Police will not be called unless –

~ There is an actual risk to the safety of their ambulance officers.

~ Paramedics request the police (usually only once on the scene and only if danger or threat of danger is present).

~ The person requesting the ambulance requests police presence.

~ Another party contacts them (not the ambulance service or the person calling.

~ The overdose becomes fatal, and the person dies. (The police will attend to establish if the death was at all suspicious.)

Hi-G

Overdose Trivia

1. What is naloxone used for?

A) To reverse opioid overdose (eg. heroin, methadone)

B) To reverse amphetamine overdose

C) To reverse alcohol overdose

D) To reverse benzodiazepines (benzos) overdose

E) To reverse any drug overdose

2. Which of the following may be signs of an opioid overdose?

A) Slow, shallow breathing

B) Blue lips/fingertips

C) Loss of consciousness, won't wake up

D) Snoring, gurgling sounds (death rattle)

E) Slumped posture

F) Clammy skin

G) 'On the nod' - in and out of conversation and sleep

H) All of the above

3. What do you do in the event of an opioid overdose?

A) Call an ambulance (000), give the person stimulants (eg. coffee, amphetamines), walk the person around the room, perform mouth to mouth resuscitation.

B) Try to get a response from the person by calling out to them and firmly tapping their arm or leg, give naloxone, call an ambulance (000) and follow ambulance operator's instructions for resuscitation, place the person in the recovery position, stay with the person until the ambulance arrives or the risk of overdose has passed.

C) Place the person in the bath or a running shower, give naltrexone, place the person in the recovery position, inject the person with saline or salt water, call an ambulance (000), stay with the person until the ambulance arrives.

D) Shake the person for a response, perform mouth to mouth resuscitation, give stimulants (eg. coffee, amphetamines), splash the person with cold water, walk the person around the room, place the person in the recovery position, stay with the person until the ambulance arrives.

4. In an overdose situation, what is the recommended way to administer take-home naloxone?

A) Intravenous (inject into the vein)

B) Oral consumption (swallow tablet or liquid)

C) Subcutaneous injection (inject under the skin)

D) Intramuscular injection (inject into the muscle) or nasal spray into the nose

5. What is the preferred location for naloxone injection?

A) Upper outer thigh

B) Upper outer buttock

C) Upper outer arm

D) Any of the above

6. How long does naloxone take to start working?

A) 2 - 5 minutes

B) 5 - 10 minutes

C) 10 - 20 minutes

7. How long does naloxone last?

A) Less than 20 minutes

B) 30 - 90 minutes

C) 2 - 6 hours

8. How long before another dose of naloxone can be given?

A) 2 - 5 minutes

B) 10 - 20 minutes

C) 1 hour

D) Anytime is ok

9. What are the steps when giving nasal spray naloxone?

A) Test pump the nasal spray, squirt the naloxone into the person's mouth

B) If possible place the person on their back, spray all of the intra-nasal Nyxoid into one nostril

10. Who can carry naloxone?

A) Only medical professionals

B) Only emergency services workers

C) Anyone

11. Where can you access naloxone?

A) Your closest QuIHN needle and syringe program, free of charge

B) A pharmacy that stocks naloxone for over the counter price (quite expensive) or for a reduced price with a script from a GP and healthcare card (around $7)

C) All of the above

12. Which of these can increase the risk of an opioid overdose?

A) Using too much heroin/opioids

B) Change in purity

C) Using heroin/opioids with other drugs (eg. alcohol, benzos)

D) Using heroin/opioids alone

E) Change in tolerance (eg. haven't used in a while, after detox, getting out of prison)

F) Using in unfamiliar places, with unfamiliar people

G) All of the above

13. Which of the following are NOT signs of stimulant overdose?

A) Hot, flushed or sweaty skin

B) Chest Pain

C) Rigid muscles, tremors, spasms, uncontrolled movements or seizures

D) Difficulty breathing

E) Snoring/gurgling sounds

F) Severe Agitation

G) Severe Panic

H) Altered mental state, such as confusion or disorientation

14. What do you do in the case of a stimulant overdose?

A) Call an ambulance, tell the operator your location, and stay on the line.

B) Move the person to a quiet, safe place away from bystanders, noise, excessive light, heat and other stimulation. If they are confused or panicking, try to reassure them.

C) If overheating, try to cool them down by loosening outer clothing or putting a wet towel on the back of the neck or under their arms.

D) If you can't get a response or the person is unconscious, put them in the recovery position.

E) If muscle spasms or seizures occur, remove anything from the immediate environment that might cause injury.

F) All of the above.

15. Can you overdose on psychedelics?

A) Yes, overdose is very common amongst people who use psychedelics.

B) Yes, but rarely. Many psychedelics are calming and serotonergic, so overdoses may result in stimulant overdose or serotonin syndrome. NBOMes (synthetic psychedelics) can be very potent even in moderate doses, which increases the risk of overdose.

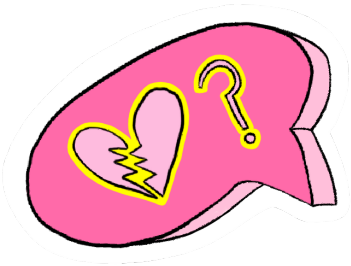
C) No, psychedelic overdose does not happen.

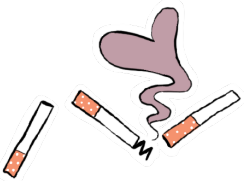
ANSWERS

1.A, 2.H, 3.B, 4.D, 5.D, 6.A, 7.B, 8.D, 9.B 10.C, 11.C, 12.G, 13.E, 14.F, 15.B

FIND-A-WORD

... FIND SOME OF THE SUBSTANCES THAT PEOPLE HAVE SAID THEY USE IN QUEENSLAND.

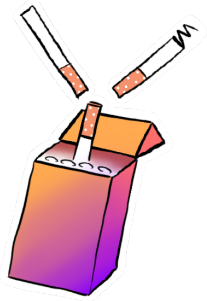


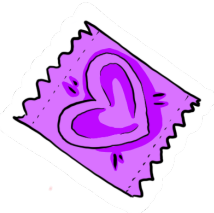


Hi-Ground Substance Search

P	O	N	L	O	H	O	C	L	A	D	O	C	S
O	N	C	D	S	I	O	C	C	I	E	O	N	E
M	D	N	A	M	L	S	D	C	E	I	X	I	N
P	B	X	E	N	E	A	Y	R	N	E	Y	T	I
S	S	C	M	L	N	Y	S	E	I	N	C	R	T
I	A	A	B	I	X	A	A	I	L	I	O	O	O
L	M	G	K	T	T	I	B	D	A	M	D	U	C
O	D	A	E	D	V	M	E	I	C	A	O	S	I
C	M	M	T	L	A	O	O	E	S	T	N	O	N
Y	G	C	A	F	F	E	I	N	E	E	E	X	T
B	H	S	M	N	I	T	S	H	M	H	C	I	M
I	B	T	I	H	E	R	O	I	N	P	R	D	D
N	B	H	N	L	M	H	G	I	S	M	C	E	D
A	M	I	E	A	R	T	R	A	M	A	D	O	L

SALVIA
CANNABIS
PSILOCYBIN
NITROUS OXIDE
AMPHETAMINE
KETAMINE
DXM
GBL
ALCOHOL
TRAMADOL
OXYCODONE
NICOTINE
GHB
MESCALINE
CAFFEINE
DMT
MDMA
LSD
HEROIN





YOUR RIGHTS WITH POLICE

Personal searches & "Reasonable grounds" for being searched.

Police have a general power of search and seizure which is broadly defined with few safeguards. A police officer has the power to stop, search and detain anyone reasonably suspected of having drugs or anything dangerous or unlawful on their person. A warrant is not required and is almost never used in practice. The only basis required for a search is a reasonable suspicion held by the police officer.

WHAT ARE "REASONABLE GROUNDS TO SUSPECT"?

There must be a factual basis for the suspicion, the Police do not have an automatic right to search you. Police guidelines direct them to consider things like the time and location, your behaviour, dangerous items such as weapons, drugs, stolen property, evidence of an offence or items which the person intends to cause harm.

Simply being present at an event, a music festival or being in the Fortitude Valley on a Friday night is not a reasonable ground to suspect you are carrying drugs or something illegal. If a drug detection dog indicates that a person may have something unlawful, that is enough for reasonable suspicion.

If the police do not have these "reasonable grounds to suspect", the search is unlawful and any force used will be an assault by the police officer. This would need to be established in court, another option to consider is a complaint against the police officer.

I AM NOT SURE IF THERE ARE REASONABLE GROUNDS, SHOULD I CONSENT TO A SEARCH?

Unless you were coerced into consenting to the search, consenting to a search would make an otherwise unlawful search lawful.

If you do not consent to a search you should do the following

State to the officer that you do not consent to the search

Record the time, date and the officer's name

Record any witnesses names and contact information

If they are recording you, then state that you do not consent

Ask them to write in their Police notebook that you do not consent.

By not consenting to the search you may have grounds in Court to argue that the search was unlawful and anything found in the search cannot be used against you.

If you do not consent to the search make sure you say you don't you can consent via action.

WHAT DOES THE POLICE OFFICER NEED TO DO BEFORE SEARCHING ME?

The police powers law sets out how police can conduct a search. There are some safeguards in place which police must comply with if they do decide to search you, particularly regarding strip-searches. However some rules are guidelines which police only have to comply with so far as it is reasonably practicable to do so.

BEFORE SEARCHING YOU, A POLICE OFFICER MUST

Provide evidence showing they are a police officer, such as their warrant card, if they are not in uniform

Tell you their name and station

Tell you the reason for the search

Ask for your cooperation

Tell you if you will have to take an item of your clothing off during the search

Tell you why you need to take any clothing off for the search.

DURING THE SEARCH

The police must conduct the least invasive kind of search practicable in the circumstances. i.e. no strip search unless it is actually necessary.

Police must conduct the search in a way that provides you with reasonable privacy and as quickly as is reasonably practicable.

Unless it is reasonably necessary, no search of the genital area or breasts (for female or female identifying trans and intersex people) is permitted.

You should be searched by an officer of the same sex.

You cannot be questioned while being searched if reasonably practicable.

The police must allow you to dress as soon as the search is finished.

THE POLICE CANNOT

Search your genital area or breasts (for female or female identifying trans and intersex people), unless it is reasonable necessary; or

Question you while you are being searched.

A POLICE OFFICER FOUND SOME DRUGS ON ME WHEN THEY SEARCHED ME. WHAT SHOULD I DO?

If something is found on you during a search, you must give the police your correct name and address if asked. You do not need to give any other information or answer other questions.

You should take note of the officer's name, rank and station.

The police may take a range of actions. You may receive a caution, a court attendance notice or be arrested depending on the seriousness of the alleged offence.

Basically, drug offences in Queensland are divided into three categories: Possession, Production (manufacture) & Supply and Trafficking.

SUPPLYING

Supply can mean, offering to give, giving, selling, administering, transporting or offering to do an act contributing to the purpose.

Payment does not need to be involved

Supply is also arranging the deal

Aggravated supply

TRAFFICKING

Carrying on a business of unlawfully trafficking in a dangerous drug

Does not need to be a huge commercial enterprise

Selling to various people could constitute trafficking

POSSESSION

It is an offence to possess an illegal drug. The penalty for having drugs depends on what types of drugs they are, and the amount you have. The most common type of drug offence is possession of a small amount of cannabis. People convicted of this offence are usually, but not always, fined and often made to attend a drug diversion session. If the police catch you with a large amount of drugs, you could face up to 25 years in prison.

The police can also arrest you for having stuff like bongs or scales for using drugs. You can be sentenced to up to 2 years in prison for having this stuff.

You can legally own a drug testing kit like a reagent kit however there are some reports that police have confiscated these items. If you are testing someone else's drugs you are in possession of them which is technically an offence.

BUT it is not a crime to have a needle or syringe in your possession. Having a needle or syringe does not mean you are doing drugs, because you could have a medical condition where you need to have injections. However, it is a crime to give a needle or syringe to your friends so that they can take drugs.

A person does not have to own the drug to be in possession of it, or even want to take it to be in possession. For example, if you are holding drugs for a friend, you may still be charged with possession.

It's also a crime to allow people to bring drugs or the stuff you use to take drugs, like bongs or pipes, into your house or your car. The police have to prove that these things were actually in your house or your car and in your possession unless you can prove that you didn't know or had no reason to suspect that they were there. If the police can show that the drugs or drug stuff was in your house with your knowledge, you could get up to 15 years in prison.

If you get convicted of a crime relating to drugs, you could get a fine of up to $570,000 or 25 years imprisonment or both. You may also receive a criminal record which will make it hard for you to get a job, credit card or travel overseas.

Did you know?...You can be charged with possession even if someone else's drugs are found in your house or car unless you can show you didn't know about the drugs.

Drug diversion for minor drug charges

There are two kinds of drug diversion available in Queensland.

1.POLICE DRUG DIVERSION

If police arrest someone in possession of a small quantity of cannabis (less than 50 grams) or an implement that has been used to smoke cannabis the police officer MUST offer the offender an opportunity to attend a drug diversion assessment program instead of charging them with a criminal offence in certain circumstances. This is obviously a much better outcome than going to Court as it means there is no criminal conviction for the offence whatsoever. The following conditions have to be met for the drug diversion to be offered:

The person must not have also been arrested for another indictable offence associated with the minor drug offence – for example, burglary of a home to obtain the money to buy the drugs.

The person must not have been offered drug diversion before.

The person must admit to possessing the drugs or smoking implements in an electronically recorded interview.

The person must not have any criminal history for violence.

The person must not have been sentenced to a term of imprisonment before for drug trafficking, supplying drugs or producing drugs.

2. COURT ORDERED DRUG DIVERSION

This type of drug diversion is available to people who commit minor drug crimes and have never had any kind of drug diversion before, or have had police or Court drug diversion once before. Court ordered drug diversion is available for a much wider range of minor drug offences, including possessing small quantities of schedule 1 drugs like cocaine, heroin, If a person is eligible for Court ordered drug diversion and the Magistrate thinks it is appropriate, they are sentenced to a good behaviour bond that includes a condition that they attend a Drug Assessment and Education Session. No conviction is recorded.

DRUG DRIVING

You cannot drive while under the influence of a drug or alcohol. Police in Queensland have the power to randomly stop drivers and take a saliva swab to test for drugs. The test is done by the police and if it is positive they send the test away to a lab for further analysis. If the test is negative then you are free to go. It's important to know that the offence of driving under the influence of drugs is not decided by the amount you have in your system – it is if ANY is found in your system. This means that if you have taken drugs several days earlier your test could show as positive.

If you are on a full driving licence and are convicted of driving under the influence of a drug you could be charged up to $3200 or be imprisoned up to 9 months if it's your first offence or $6830 or 18 months for second offences that have occurred within 5 years. You could also lose your license for up to 6 months or if it is your second offence up to 12 months.

If you are on your learner's, probationary or provisional licence and are caught drug driving you could be fined up to $1600 or be imprisoned for up to 3 months and lose your licence for up to 9 months. If you are on 'L' or 'P' plates and have a question about drug driving you can get help through Youth Law Australia.

Disclaimer: This information is only intended as a guide to the law and should not be used as a substitute for legal advice. If you have any further questions we strongly suggest you seek legal advice. This information applies to people who live in, or are affected by, the law as it applies in the State of Queensland, Australia.

Below are some suggestions if you are seeking support and/or information, for you, a friend, or family.

Legal Aid QLD - 1300 651 188
Law Right QLD - 07 3846 6317
Aboriginal & Torres Strait Islander Legal Service QLD - 07 3025 3888 or 1800 012 255 (24/7 free call)
LGBTI Legal Service Inc 07 3257 7660
Sisters Inside - 07 3844 5066Youth Law Australia - 1800 950 570

For a full list of QLD legal support services visit our online service directory, sort by topic 'legal services' and select QLD for a list of contacts.

Current QLD Laws:
Police Powers and Responsibilities Act 2000 (QLD)
Drugs Misuse Act of 1986 (QLD)
Youth Justice Act (QLD) 1992
Police Powers and Responsibilities Act (QLD) 2000
Criminal Code Act (Cth) 1995
Transport Operations (Road Use Management) Act 1995 (QLD)

References: Fair Play (2021). Your Rights & Safety at LGBTI Events. Retrieved from, http://www.fair-play.org.au/, Kahler Lawyers. (2016). Possession of Drugs. Retrieved from https://www.kahlerlawyers.com.au/possession-of-drugs/, Youth Law Australia. (2021). Drugs. Retrieved from https://yla.org.au/qld/topics/teen-issues/drugs/#personal-searches

Useful Contacts

Alcohol Drug Information Service (ADIS)
Queensland Alcohol and Drug Support (24/7)
Call: **1800 177 833**

Beyond Blue
Telephone Support Service (24hrs, 7 days)
Call: 1300 22 4636
Online Chat (3:00pm – Midnight, 7 days)

Hi-Ground
Website: www.hi-ground.org
Online Chat: www.chat.hi-ground.org

Lifeline Australia
Telephone Crisis Support (24hrs, 7 days)
Call: 13 11 14
Lifeline Crisis Support Chat (7:00pm-Midnight, 7 days)

Kids Helpline
Telephone Counselling Support (24hrs, 7 days)
Call: 1800 55 1800
Online Chat (8:00am – Midnight), 7 days)

Queensland Mental Health Crisis Service
Telephone Service (24/7)
Call: 1300 64 22 55

QuIHN
If you live in Brisbane, Gold Coast, Sunshine Coast, Cairns or Townsville and interested in illicit drug Counselling, Needle and Syringe Programs (NSP), Treatment for Hepatitis C, Sexual Health or Naloxone contact QuIHN to arrange an appointment:
Call: 1800 172 076 (free call)
Website: https://www.quihn.org/

Hi-Ground is a project of QuIVAA and QuIHN Ltd which is a statewide, not for profit, and non-government health service providing a variety of health services to people who use substances illicitly throughout Queensland. The aim of Hi-Ground is to create a safe and inclusive community for people who use drugs. We hope that by providing resources and an online space free from judgement and damaging stigmatisation, instead offering support and Harm Reduction education, we can improve the health and wellbeing of our fellow Queenslanders and broader Australian Community.

We acknowledge the Traditional Owners and First Nations peoples lands of where our offices are located in Meeanjin (Turrbal name for Brisbane CBD).

We recognise that these have always been places of continued culture, teaching and learning. We wish to pay respect to their Elders – past, present and emerging – and acknowledge the important role Aboriginal and Torres Strait Islander people continue to play within health services and the harm reduction community, by providing services that are culturally appropriate and safe.

We also wish to acknowledge the harm done to communities, families and individuals affected by punitive drug policies, to those who have lost their lives, families torn apart due to incarceration and those that face discrimination and stigma.

Hi-Ground

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Hi-Ground is a shared program of QuIHN & QuIVAA.
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