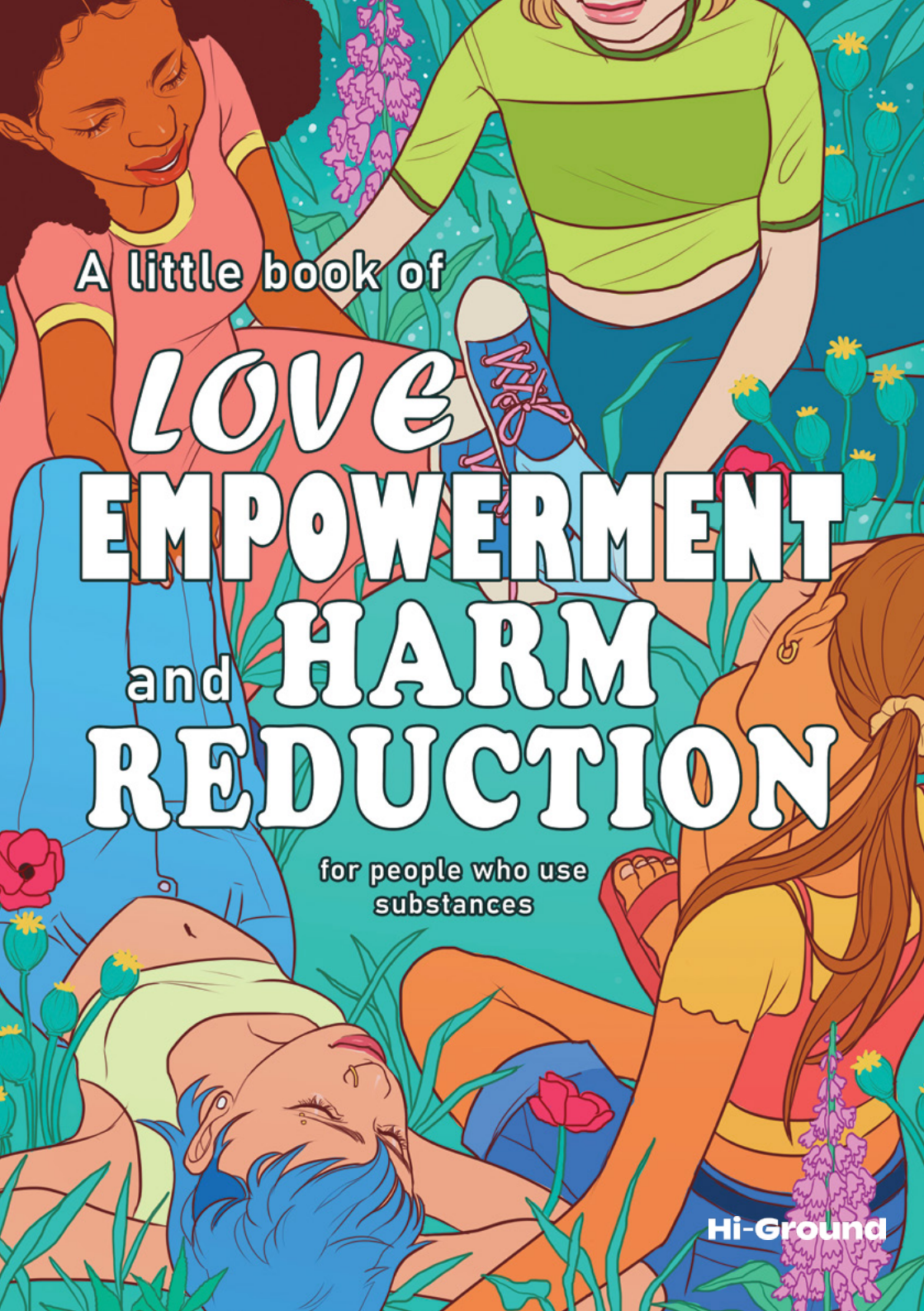

A little book of
LOVE
EMPOWERMENT
and HARM
REDUCTION
for people who use substances
Hi-Ground

CONTENT WRITERS, CONTRIBUTORS, EDITORS AND STEERING COMMITTEE:

Brooke Walters
Hi-Ground Project Coordinator, Social Worker, Art Therapist, Peer and Harm Reduction Educator.

Rei Alphonso
Loving Justice Projects, Peer Educator and Supervisor

Jaye Murray
QuIVAA Board Member.

Fiona Louise
Harm Reduction Worker, QuIVAA Board Member, Peer.

Karly King
Social Worker, AOD Worker, Peer.

Manna Murrell
QuIVAA Policy and Projects Lead

Aimee Schoeman
QuIVAA Peer Development Coordinator

Emily Cooper
QuIVAA Peer QNect Worker

Scarlett Squire
QuIHN Social Worker, Peer, Mental Health Worker.

Winsome Fox
Social Work Student, Feminist.

DESIGNER:
Ana Russell, VIM Studio, @anabettina.creative

Front Cover Artist:
Tori-Jay Mordey @tori_jyeay

ARTISTS... FIND THEM ON INSTA:
@aleja_hine @shanifinch, @kezamine, @atomicx__

This resource has been developed for women and pregnant or parenting folks 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 reduce harm in line with: Australia's Public Health Strategy, National Drug Strategy and Queensland Women's Health Strategy.

This resource includes topics such as drug use, sexual assault, family violence, and identity-based discrimination and harassment. We acknowledge that these issues can be confronting and encourage you to prioritise your own well-being. If you need to access support around these issues please check out the services and resources via the Hi-Ground website.

When we say "women" we mean all women. Information pertaining to "women" will sometimes be relevant for people who were assigned female at birth, and sometimes not. We also include all pregnant and parenting people in the target audience for this resource. We recognise the fact that not all pregnant and parenting people are women. We also understand that pregnancy, birth and parenting carry immense stigma in relation to substance use, largely due to the heavily gendered stereotypes that impact pregnant and parenting people. For us, pregnancy, birth and parenting are central issues for both feminism and harm reduction.

Hi-Ground

32A Brookes Street,
Bowen Hills 4006 QLD
www.hi-ground.org
Second version edited and printed in 2024
Funded by the Queensland Mental Health Commission
First version written and printed in 2021. Funded by Investing in Queensland Women Grant.

QuIHN QuIVAA Queensland Mental Health Commission

CONTENTS

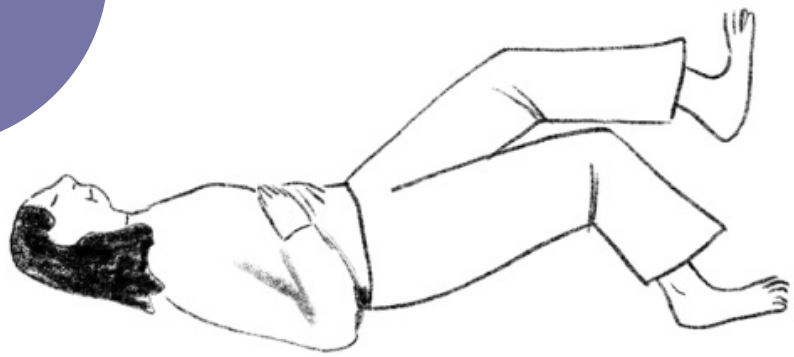
Love, Empowerment and Harm Reduction

INTRODUCTION

Historically, Harm Reduction grew out of community-led responses to HIV in the 1980's, but it has since become widespread and well-recognised across community and sector-based drug and alcohol responses. Broadly speaking, Harm Reduction aims to reduce the potential harms of substance use without enforcing abstinence. "Tough on crime" legislative reforms and zero-tolerance policy initiatives have created a harsh backdrop that relies heavily on surveillance and punishment, whereas Harm reduction offers healthcare, support, and education as an alternative response.

Current research from across the world has highlighted how misogyny, queerphobia, poverty, violence, trauma, motherhood, criminalisation and other key social determinants inform women's experiences of substance use.

By developing a non-judgemental, supportive Harm Reduction resource focused on the experiences of women (and pregnant and parenting people) we are highlighting this important intersection of issues and we hope to begin to address them through lived experience story telling by educating and empowering women who use drugs.



This booklet is inspired by learning through storytelling and the narcofeminist storyshare model, highlighting the diverse experiences of women who use substances. By framing each story with a content introduction and concluding with relevant resources and support, it emphasises the importance of lived experience alongside traditional knowledge. This approach not only validates personal narratives but also prioritises storytelling as a vital means of understanding and addressing the challenges faced by these individuals. By centering these voices, the project seeks to foster empathy, raise awareness, and promote a more nuanced conversation around drug use and motherhood. It's an important step towards dismantling stigma and creating a more supportive environment for those navigating these experiences.

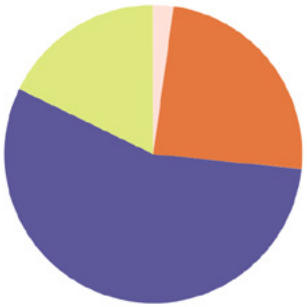
SHARING STORY IS POWERFUL AND NECESSARY

For those interested in learning more about the *Narcofeminism Storyshare Model* that was started by the *North Carolina Urban Survivors Union*, follow this link to find out more:

https://drogriporter.hu/en/the-narcofeminism-storyshare-model/

Women who use drugs in Queensland survey results

Length of time using substances

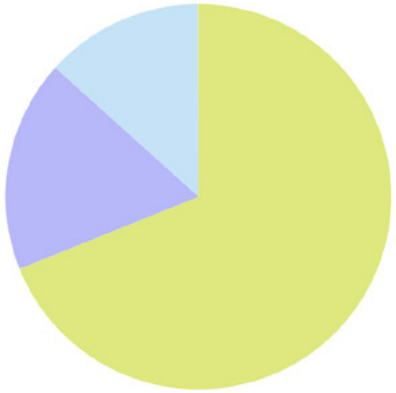


1 year or less (2.2%)
2+ years (24.4%)
10+ years (55.6%)
20+ years (17.8%)

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?

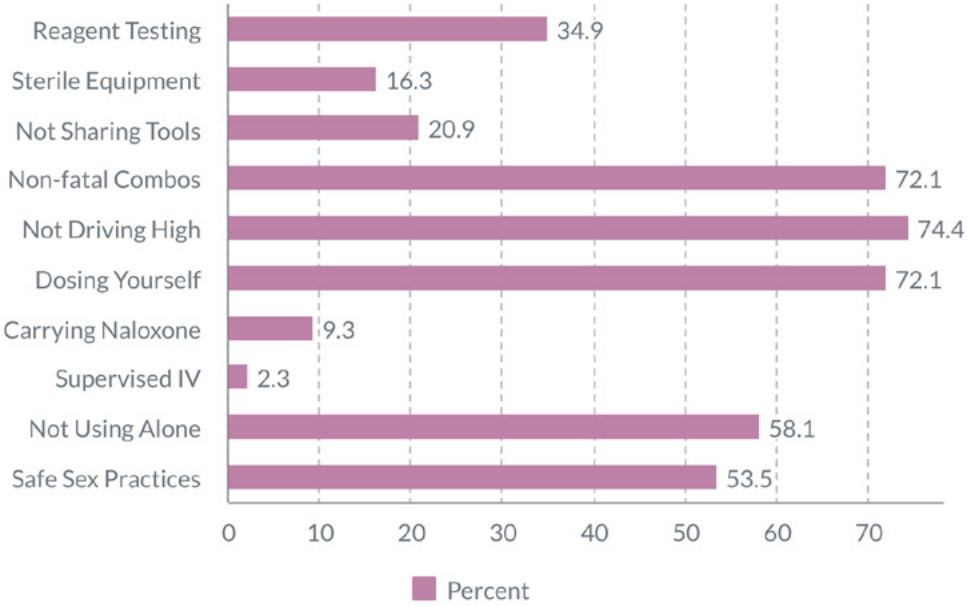


Yes (68.9%)
Rarely (17.8%)
No (13.3%)

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

72.7%
KETAMINE

86.4%
LSD (ACID)

88.6%
MDMA (ECSTACY, PILLS)

70.5%
AMPHETAMINES
(ADDS, DEXIS, SPEED)

45.5%
AMYL NITRATE (POPPERS)

56.8%
BENZODIAZEPINE (BENZOS)

43.2%
METHAMPHETAMINE (ICE)

61.4%
NITROUS OXIDE (NANGS)

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

90.9%
CANNABIS
(WEED, YARNDI, MARIJUANA)

81.1%
COCAINE

59.1%
DMT
(AYAHUASCA, CHANGA)

81.8%
PSILOCYBIN (MUSHROOMS)

2.3%
STEROIDS

79.5%
NICOTINE

9.1%
DEXTROMETHORPHAN
(DXM, ROBO)

9.1%
GENDER AFFIRMING
HORMONES

25%
GHB (FANTASY, FRANK)

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"

"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

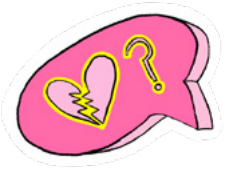
"SUICIDAL DISTRESS"

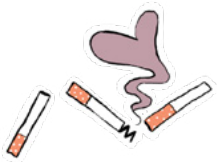
"The pain and hurt and stress I've caused my family."

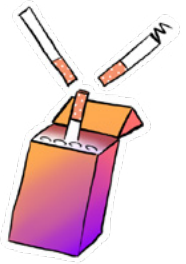
Queensland Women said these were some of their least favourite things...

Research on Women (and pregnant and parenting people) who use substances

In addition to our own survey and community consultations, we have done our best to gather well-rounded and informative research for this guide. It is crucial to note that research into illicit substances and drug use is often very limited, in both funding and scope. In most studies, male bodies and experiences function as the “default subject” and this inequity underpins the majority of clinical research. This bias is well documented, and has profound impacts both inside and outside of scientific study[1]. In addition, the experiences of trans and gender diverse people are rarely considered. This is compounded by the fact that most







fields of research assume the binary model of sex and gender i.e male/man, female/woman which ignores sex and gender diversity. We want to acknowledge the harmful limitations of this inherent misogyny and cisgenderism, including in the research presented throughout this guide. We encourage you to keep these biases in mind when reading studies, to seek out feminist and queer researchers, to advocate for representation wherever you can and (most importantly) to know that you are not invisible!

[1] Merone L, Tsey K, Russell D, Nagle C. Sex Inequalities in Medical Research: A Systematic Scoping Review of the Literature. Womens Health Rep (NewRochelle). 2022 Jan 31;3(1):49-59. doi: 10.1089/whr.2021.0083. Erratum in: Womens Health Rep (New Rochelle). 2022 Mar 16;3(1):344. doi: 10.1089/whr.2021.0083.correx. PMID: 35136877; PMCID: PMC8812498.

What do we take from this research? That women’s drug use is intrinsically bound up in our experiences of resistance and survival within the patriarchy. That we cannot leave the experiences of women and gender diverse people who use drugs out of our awareness and our advocacy, not if we hope to create meaningful systemic and social change. This realisation - that we need to bring feminism closer to harm reduction, and harm reduction closer to feminism - which has led us to the emerging narcofeminist movement.

That women’s drug use is intrinsically bound up in our experiences of resistance and survival within the patriarchy.

NARCOFEMINISM

The term 'narcofeminism' was coined in 2018 by an international group of women and gender diverse people who use drugs at a meeting initiated by the Association for Women's Rights in Development in Berlin.The narcofeminist movement centres on the recognition that the issues confronting women and gender diverse people who use drugs are central feminist issues. Narcofeminism brings together harm reduction and intersectional feminist analysis to illuminate social and systemic issues around bodily autonomy and self-determination, pleasure, class, policing, surveillance and the criminal-legal system, parenthood and sexual and reproductive rights.

While many of the practices of narcofeminism predate the term itself, naming this movement has helped to make visible the disproportionate and specific impacts that the war on drugs has on women and gender diverse people. As an intersectional feminist framework, it calls for a deeper understanding of the *'overlapping systems of oppression and discrimination women face, based not just on gender and sex, but on race and ethnicity, sexuality, economic background and . . . other axes, including drug use'*[2].

Narcofeminists advocate that these co-occurring stigmas and forms of discrimination create 'concentration points' - *"it all kind of concentrates and becomes starker at those points where that concentration happens"*[3]. This awareness is made even more necessary by the fact that oppression related to substance use has historically been left out of feminist research and literature, leaving women who use substances to be defined by the status quo as deviant, failed, "bad" women.

[2] Chang, J. (2019). Narcofeminism: A feminist auto-ethnography on drugs. The Sociological Review, 71(4), 760-779.

[3] Bessonova, A., Byelyayeva, O., Kurcevič, E., Plotko, M., Dennis, F., Pienaar, K., & Rosengarten, M. (2023). Living and responding at the margins: A conversation with narcofeminist activists. The Sociological Review, 71(4), 742-759. https://doi.org/10.1177/00380261231178634

Narcofeminism has sprung directly from the collective imaginings of women and gender diverse people who are directly impacted by the devastating systemic harms that pile up around these “concentration points” and experience intersecting forms of oppression. It centres its work on those who are most affected, and as such is aligned with other grassroots activist movements including sex worker activism and abolition. It takes the feminist catch cry “the personal is political” to a new level that meets the needs of our times - the need for a movement that is inclusive, visionary and committed to dismantling all systems of oppression, restoring power and agency to communities so they can thrive.

In developing this resource we have been profoundly inspired by the advocacy and community education work of the narcofeminist movement and by other activists here and overseas who work at the intersection of harm reduction and gender-based oppression.

In the following pages you will see some fundamental narcofeminist priorities reflected, including:

- Supporting women who use drugs to share their stories
- The rights of pregnant and parenting people who use drugs
- The criminalisation of women and gender diverse people who use drugs
- Combating Stigma and Discrimination
- Community capacity building - peer mental health and suicide prevention, overdose prevention and harm reduction

Women leading change in Australia!

Tegan

So I have been working in Harm reduction for about 16 years now - I started in the NSP (needle and syringe program) at QuIHN. So a big priority for us was overdose prevention and at that point we didn’t have access to Naloxone. There were trials in other states where frontline workers were trained, but nothing yet in Queensland. The Western Australian Mental Health Commission shared their framework and all their resources with us, so we began to advocate to implement that model here. We got 12 month approval in 2020 - we were the first NSP in QLD that was able to administer, stock and supply naloxone (although we self-funded that first 12 months) and it went really well. It spread like wildfire.
It speaks for itself - naloxone saves lives. Fast forward to now and there’s been a national rollout, and now it’s free and accessible.

Narcofeminism is important for so many reasons - for example even though more men tend to access NSP’s, women are far more likely to access Naloxone. Targeted initiatives that understand the roles that women take up as caregivers and educators actually benefit the entire community. I also feel that stigma impacts women much more harshly. And I think this also has to do with gendered perceptions of caregiving and so on. These stereotypes really need to be challenged, and we need more normalised and accessible information about women and substance use.

Steph

So my experience of harm reduction services in general whether it’s at a festival or a service, the data overwhelmingly shows that AMAB (assigned male at birth) people are much more comfortable accessing. They are more likely to discuss their drug use, and generally don’t experience the same levels of internalised stigma. AFAB (assigned female at birth) people are much more likely to have concerns about being perceived as bad “women”, bad parents, to worry about the potential impact of disclosing their drugs use on their families, kids, loved ones and so on.

Even when harm reduction is coming from a grassroots or community space there is still a huge apparent gender bias. Men are so much more empowered in those spaces. The significant majority of drug checking clients are AMAB... wherever you look, women and gender diverse people are so under-represented.

Another thing that makes a narco-feminist analysis important is where there is a power asymmetry in an intimate relationship (which is often bound up in gender) and how that impacts drug use and related behaviours. AFAB clients are often much more self-conscious and critical. It’s been common in my experience to hear women voicing concerns about how their partner or supplier would view their accessing a service such as drug checking i.e. “why do you need to do that? Don’t you trust me?” Narcofeminism pushes us to ask how do we make these services accessible.

Access is another big issue, for example for people at home in caregiving roles - again, usually women. They can't access services in the same way so the system is automatically discriminating against them.

One of the things that really makes my blood boil is the impact on women and gender diverse people when sniffer dogs and searches are utilised by police. To me it is such an expression of that male-dominated, patriarchal, militaristic culture. Because of the disproportionate rates of gender based violence and cultural misogyny, for women and gender diverse people being searched the violence and trauma is just inherent. Strip searching is government sanctioned sexual assault! And especially if people are survivors it just compounds that harm, it's just not okay.

To be honest "Narcofeminism" is a relatively new term for me, but as I learned more about it I realised that is what I've been doing for years - because these are the things I've always noticed and thought about - it's like I knew it in my gut. I knew something was broken here. Becoming aware of language like this and realising that there is a whole movement I'm connected to, and being offered these frameworks and opportunities to examine my practice through this lens is so important
and helpful!

Emily

I started out as most of us do by supporting others in the community as a person who used drugs (recreational use, chaotic use, and opioid dependence) and was involved in grassroots actions to raise awareness of VAWG (violence against women and girls), prisoner rights and abolition, and LGBTQIA+ rights. I got involved in an alcohol and other drugs lived experience group in Brisbane and that opened up opportunities to work in harm reduction.

My first formal harm reduction work was with Hepatitis Qld in 2015, creating a prisoner peer work program, training them to provide confidential harm reduction support to other prisoners and access hep c treatment inside. The program was stopped after 10 months – it led to more discussions on harm reduction as healthcare and human rights and this conflicts with prisons 'no tolerance' approach to drugs. Later I worked as a sexual assault counsellor and my lived experiences enabled me to better support women who were so often dismissed or blamed by police and unable to access justice or safety through our legal system. In this role I developed a passion for transformative justice and creating alternatives to the carceral system.

I currently work at QuIVAA on the Peer Qnect telephone support line providing support, information and advocacy to people who use drugs across Queensland. I love being able to use my lived experience to provide holistic support
to people and go into bat for people facing stigma.

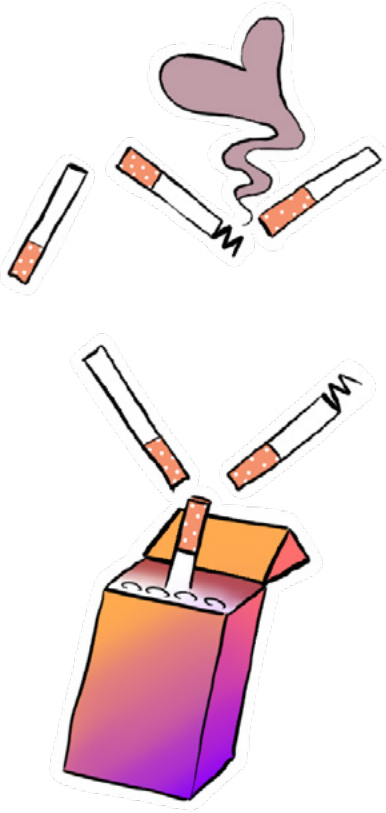
Narcofeminism is the truth of who we are as individuals, minus the stigma, shame, social expectations, misogyny and other damaging imposed lenses with which we learn to see ourselves and the world. Our communities are often left behind by mainstream feminist movements and narcofeminism highlights the specific ways the drug war harms women and gender diverse people and celebrates our stories which are so often gate kept by mainstream media. I love that it values pleasure and bodily autonomy - something revelatory for women and LGBTIQ+ folks who are often taught we are undeserving of bodily acceptance, autonomy or of taking up space.

Brooke

My work started as a rave organiser, a group of young women and myself began setting up safe spaces within our events, providing drug info/safer sex supplies, and we even started our own drug checking booths in the parties. Our goal was to encourage more positive, safer and conscious party experiences for everyone. As an event organiser I was actually really worried someone would die from drug overdose, we'd also had to manage some incidents where girls were feeling unsafe around some guys.

In such a male dominated industry and scene (male event producers, male djs, male event crews etc), it was really cool to see that it was us girls leading the cultural change and making our events safer for everyone. We also started to see more females, LGBT and gender diverse people attending our events which was fantastic. Now as a social worker and recognised peer in my community I would say narcofeminism is one of the main frameworks that I use, not only in practice, but as a way of being. Writing resources specific to women is a huge passion of mine and I'm so grateful I've had the opportunities to create them.

Narcofeminism is so important to me because it's a movement advocating and highlighting that no one should be left behind when it comes to drug use, relevant health services, education and community belonging. It's breaking free from capitalistic and patriarchal ways of doing, knowing and working in this space. I'm excited to see how this movement grows in Australia. There's some fierce and amazing women and gender diverse people doing incredible things around the country in the drug sectors and communities. It's time that their voices are heard and that leading from the heart is recognised as a powerful tool for change and connection.



Story #1

Content introduction: Substance use, discrimination, systemic abuse, intimate partner violence, police misconduct

"Why would he want to drug you?"

Drugs, Domestic Violence & Me -
By Fiona Louise

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.

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.

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 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?"

"I need a toxicology report please."

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 stigmatised 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.

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.

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

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.

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.

The intersection of substance use with domestic and family violence

The relationship between substance use and domestic and family violence is well-documented, revealing significant correlations that highlight the severity and frequency of violence in these contexts. Research from Australia indicates that a substantial portion of domestic violence incidents—between 24% and 54%—are linked to alcohol consumption, while other drugs play a role in 1% to 9% of cases. This aligns with international findings, suggesting that substance use co-occurs in 25% to 50% of domestic violence incidents. It's interesting to see the data difference around drugs versus alcohol, and if the fear of criminalisation stops people from seeking help in a violent situation if drugs are being used.

How many people don't seek help from a violent perpetrator because they are more scared of getting in trouble with the police about drug use?

Studies have also demonstrated that violence tends to escalate in severity when substances are involved. A notable Australian study examining 240 cases of women murdered by intimate partners from 2010 to 2018 found that over 60% of male perpetrators were under the influence of alcohol or drugs during the acts of violence. Additionally, incidents involving alcohol are reported to be two to three times more likely to result in severe physical injuries, such as life-threatening conditions or broken bones, compared to cases where alcohol is absent.

Alcohol and other drugs can also play a significant role in the tactics employed by perpetrators of domestic violence, particularly in the context of coercive control, often referred to as "substance use coercion." This form of control leverages the perpetrator's substance use to manipulate and dominate their partner, reinforcing patterns of abuse and fear.

Understanding Substance Use Coercion

Coercive control is characterised by a repeated pattern of various forms of abuse—emotional, verbal, sexual, financial, or technology-enabled—that instil fear and enforces control over another person. National principles addressing coercive control recognize that substance use can be weaponised similarly to technology or financial manipulation.

Tactics used by Perpetrators

1. **Excusing Violence**: Perpetrators may use alcohol or drugs as a justification for their violent behaviour, claiming, "The drink made me do it." This shifts the responsibility away from their actions and creates an excuse that can perpetuate the cycle of abuse.
2. **Shifting Focus**: By emphasising their substance use issues, they divert attention from their abusive behaviour. For instance, they might say, "I have a drug problem; that's more important," effectively sidelining the victim's experiences and concerns.
3. **Control Through Intoxication**: When perpetrators are intoxicated or experiencing withdrawal, their behaviour can instil fear in their partners, leading victims to comply with demands or avoid confrontation in an attempt to de-escalate the situation. This dynamic places the victim in a position of constant vigilance and compliance, further entrenching the power imbalance.

Recognising these tactics is crucial for developing effective interventions and support systems for victims, highlighting the need for integrated approaches that address both substance use and the dynamics of coercive control in domestic violence situations.

Perpetrators of domestic violence can also weaponise the substance use of their victims, further entrenching their control and manipulation. Research indicates that victim-survivors may turn to substances as a coping mechanism to numb the physical and emotional pain caused by the violence they experience. This dynamic can be exploited by perpetrators in several harmful ways:

1. **Encouraging Substance Use**: Perpetrators may actively encourage victim-survivors to use substances more frequently. By doing so, they not only deepen the victim's reliance on substances but also increase their own power and control, creating a dependency that is difficult to escape.
2. **Undermining Recovery Efforts**: If a victim-survivor attempts to seek help or treatment for their substance use, perpetrators may sabotage these efforts. They might restrict access to treatment services or manipulate situations to prevent the victim from attending support programs, thereby reinforcing their control.
3. **Misrepresentation to Authorities**: Perpetrators might lie about the victim-survivor's substance use to undermine their credibility, particularly in interactions with authorities such as child protection services or family courts. By portraying the victim as irresponsible or unstable, they can diminish the victim's chances of receiving support or protection, further isolating them.
4. **Manipulating Perceptions**: By exaggerating or misrepresenting the victim-survivor's substance use, perpetrators can create a narrative that shifts blame away from their abusive behaviour. This tactic not only harms the victim's reputation but also complicates their ability to seek help or legal recourse.

These tactics illustrate the insidious ways in which substance use can be manipulated in the context of domestic violence, highlighting the need for targeted interventions that address both the effects of substance use and the patterns of coercive control. Understanding these dynamics is essential for developing effective support systems and legal frameworks that protect victim-survivors.

This evidence underscores the critical need for targeted interventions and support systems that address both substance use and domestic violence to effectively mitigate risk and protect vulnerable individuals. If drugs were decriminalised would more people feel comfortable seeking help from DV?

Humphreys, C., Kertesz, M., & Callaly, V. (2024). *How perpetrators of domestic violence use drugs and alcohol to control their victims.* The Conversation.

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

DVConnect
Help Queenslanders find pathways to safety, away from domestic, family and sexual violence. They provide emergency transport and accommodation for your entire family including pets.
By phone 24 hours, 7 days a week:
1800 811 811 Womenslink *(Calls to the Womensline number are free from any public phone).*
1800 010 120 Sexual Assault Helpline
Website: http://www.dvconnect.org/

1800RESPECT
Is available for free, 24 hours a day, 7 days a week to support people impacted by domestic, family or sexual violence.
Call 1800 737 732
Text 0458 737 732
https://www.1800respect.org.au/

Story #2

Content introduction: Substance use, pregnancy, birth and parenting, mental health and hospitalisation

Stone By Aimee

My pregnancy was shit. Not in a puke-your-guts up, oh I'm fat and tired and bloated way. In a shameful way. I was horrified that my growing belly announced my sluttish-ness to everyone that looked. Horrified that my breasts were huge and pendulous, cow-like. A friend laughingly commented "how does it feel to know you could have a penis growing inside you RIGHT NOW?". Her words clutched my heart. I wanted to rip the alien thing out of me. The thing that churned and swirled and kicked at my ribs. I couldn't imagine holding it to my udder and having it suck at me like a vampirish leech.

Imagine my shock when she arrived with her little kitten mewls and felt her way so surely, suckled so trustingly, held my finger tightly in her hand. My shame, which had sat like a stone inside me for so long, shifted with a rumble and let love sneak past. We loved her fiercely and selfishly-built a home around her. Bought two finches in a cage and played grown ups for her.

Our friends marvelled at the novelty of it all and our house became a little place of calm for vegan punks, tripped out circus kids, and tin-rattling street artists who sprayed Curious George picking up a grenade on her nursery wall. It floated along like a gothy fairytale until the wicked witch arrived.

She came in the form of my Irish mother-in-law who had brought The Troubles with her from Belfast- hell bent on detonating her bombs. "Why do you still have your tit in that child's mouth? She can talk. It isn't right". She tore my little kitten from me and for a week we both screamed and cried- tangled in each other's distress. "Don't give in to her or all the tears are for nought". Her son stood by, ever-cowed by her. She left- her damage done.

The Stone of Shame had settled back into its groove with a thud. All I could see in my child's eyes was reproach. And all I could see in her father was weakness. I wanted darkness, so I killed the flame. Things turned into a bloody mess and away I went again. Back to locked doors, nurses patting me down for sharps and shoelaces and watching me pee. A trap-door window doling out meds. They let me out eventually, they always do.

But my little home had crumbled. Someone forgot to feed the birds while I was gone and their cage was empty. I obsessed about how they died hungry and frightened. I had exiled the baby and her father to New Zealand while I was gone... thinking a geographical distance would take the sting out of my death.

When he bought her back, he bought a stranger. I didn't know she ate cereal out of a ziplock bag while she watched Blues Clues in the morning. I couldn't find the toy she liked or play the game right. She was gone from me. Her sticky fingers touching me made me recoil as I disentangled myself and pushed her away.

The meds they gave me didn't work. Most days I sat on the couch with the world moving around me. Untouchable. Thought bubbles trapped by dinosaur bones in my tar-pit brain. One Tuesday night Father said I should try getting out of my head a bit. What could it hurt?

The tiniest slip of paper under the tongue, sit back. Trusty hospo worker's pilfered cream gun and silvery bullet nangs tossed in a laundry basket while we waited. "You coming on?"

"Nah- don't think so" I say, swatting at the hum around my ear "but you kinda got a little..." I reach out to see if I can put his face back in the right spot. "I think maybe I want a drink".

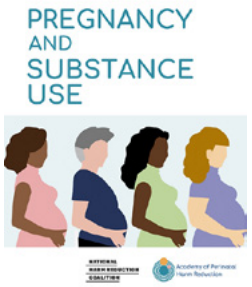
We glance at the kitchen and burst out laughing. Was it always that fucking far away? We share the thought and move all melty like shadows. Roomie Ryan pulls a rattling bong and clicks away at his game "are you shitheads on acid?" "Whaaaat noooooo" "you've been standing behind the door giggling for half an hour" shit- align the movements...veer left...not quite there yet.

I feel the sleeping thoughts of the neighbours rising in a jungle beat and calling me to the summer heat oozing in through the open back door. The jackfruit tree in the backyard explodes into a kaleidoscope of lizards sticking their tongues out in time to the beat- dancing in twisting tessellated colour. I feel wonderment, awe at the heaving, breathing beast of humanity that lifts the chest under my feet.

Father minces and tumbles across the floor like a court jester- glass held high like a spinning plate. He holds it out reverentially, "summer wine". I rattle with laughter "Some ah Whine, you got there". His big black eyes crinkle in the heat of my wit "we should find the baby".

Easy...I feel her warmth pulsating from the bedroom. The tiny kitten, shifting shades of field mouse, jaguar spots, a dusting of whiskers. We lie down on either side of her and stroke her sleeping fur while her warmth glows through our fingers. She's right there, like she always was...but my heart opens to her and she shifts back into my body for a moment, my flesh and blood. She was never gone.

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



National Harm Reduction Coalition

Pregnancy and Substance Use: A Harm Reduction Toolkit

https://harmreduction.org/issues/pregnancy-and-substance-use-a-harm-reduction-toolkit/

Hi-Ground

Psychedelic Resources List:
https://hi-ground.org/resource-types/psychedelic-resources/

Australian Psychedelic Society (APS)

(APS) is a grassroots community-based organisation that firmly believe in the decriminalisation and safe use of psychedelics.
https://www.psychedelicsociety.org.au/

QuIHN

Offer free support programs in QLD such as Treehouse Parenting, Mud Maps (peer support),
MAIZE (Mental Health & Illicit Substance Education)
https://www.quihn.org/

Drug use, pregnancy, birth and parenting

In a nutshell - Drug use DOES NOT equal parental unfitness.

Being a pregnant person, a mother or caregiver is challenging. 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 myths and misconceptions about the effects of drug use during pregnancy and parenting, and a lot of them are created out of fear rather than evidence. There are many factors that determine someone's ability to be a parent and it is never one size fits all. Environmental, physical and cultural factors are just a few. Substance use (legal and illicit) is only **one** determinate but, when present, it is often treated as the primary focus.

Women and parents face discrimination and stigma within hospitals, in antenatal and prenatal care, and other support services. They can be treated very poorly by nurses, midwives, doctors, social workers and other practitioners tasked with their support. This prevents people getting the care they need, including 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 and carceral consequences for speaking about their substance use, including child removal. Through this lens we can understand that it is the stigma associated with substance use that produces some of the most harmful impacts on parents, mothers and babies.

Women have a right to receive treatment and care in a non-discriminatory, supportive environment. Processes and policies that support empathy and encourage keeping families together rather than separating them is essential to supporting long-term health outcomes for both mother and child. Changing the stigma associated with substance use is a long road, one that must be a priority if we hope to create positive outcomes for women, pregnant and parenting people accessing the health system.

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-

HARM REDUCTION
strategies for parents

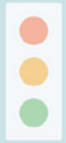
Record how much you use. This can help you reduce your use, even if that was not your original goal.

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

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

Story #3

Content introduction: substance use, incarceration, systemic harm and discrimination, child removal, criminalisation, mental health, suicide, death and bereavement

The Most Bitter Pill

By Addie (Note that pseudonyms are used throughout)

Why are labels so powerful? Why do we become what we are told we are? I was 18 and had just been arrested for something to do with my then heroin dependence (possession? Using in my car? Maybe taking charges for my boyfriend at the time so he wouldn't go back inside? I don't remember). Before shutting the watch house door, I remember the police sneering 'We know where this leads. Where do you think you'll be in 5 years from now!'.

In my youthful, rebellious yet naïve spirit I immediately shot back 'I'll just go to rehab and then write a book about it and be famous!!' – this was in the 2000s – the era of Kim Kardashian and reality tv and the incentives for narcissism were high (fame and money) yet out of reach to the average working-class person like myself. I was flawed, but determined, capable and full of spirit.

Fast forward 20 years and my dreams of having my drug use just be one small, colourful chapter in my life were long dead. I had done the thing that so many others had done before me – I say 'thing' as it is too painful (and perhaps impossible) to put words to 'it' – I don't know of any words which could correctly capture 'it' anyway.... sometimes it's simpler to make a joke and just refer to famous movies depicting addiction/ substance dependence or problematic use – whatever you want to call it - in something that at least resembles fragments of my experience. Movies like Trainspotting, Candy, Little Fish, etc. But trying to communicate my story becomes overwhelmed with years of internalised beliefs – who am I to think I have anything worth sharing? What makes me special? Etc etc..... And none of those movies capture what I'm trying to articulate – that the damage for me wasn't so much the use itself, but in the surrounding mayhem and persecution curated by the web of police, courts, and mainstream society in general.

Recently I was honoured to be asked to contribute my story to a book about women from prison, collated by the abolition and human rights pioneer Deb Kilroy. She told us the book's purpose was to show who we really are – our stories – not who parole, courts or prison case notes says we are. I was excited by the mere possibility of this concept, yet when I sat down to write, it became clear how real these other imposed versions of my

'self' had become, ingrained after years of maximum security prison due to being busted with heroin, taking drugs up to my then partner in prison, or testing positive for drugs on parole and being returned to prison for never- ending 'sanctions'. Or being 'major breached' in prison for 'suspected use' and then losing my chance at parole.

The pressure to conform my every mannerism to achieve positive case notes in my final 12 months so I could achieve release on parole at some point was immense – I had to overcome the many breaches and smarmy case notes by screws who openly loathed that a 'chronic repeat offender' like me was studying distance university inside and took every chance to belittle my efforts. They hated 'junkies' and, somewhat ironically, treated the fraudsters more like equals (mostly if they were the white, over 40 demographic, who were usually shipped straight to low-security anyway).

For years I internalised the messages of otherness I received from all parts of society – school, institutions, police, psychologists, doctors, even some close family and friends who had absorbed the 'tough love' narrative. I became resigned to my life in the underbelly of society –

my existence revolving around obtaining heroin, living in a bubble of alternating pleasure and pain with a partner who was constantly in and out of prison. Later I too was introduced to this revolving door - the enforced sobriety and hideous watchhouse withdrawals, the false 'lego' world and the ultra- close connections that only those who've been inside can understand (in the space of months you form a relationship that would take years on the outside). And - eventually - the routine and familiarity somehow providing a sense of twisted comfort and the sole source of predictability in my life.

So when I finally completed the degree and went out into the world to try and integrate, I still felt like an alien who had landed straight from the moon, who didn't understand the codes and procedures for surviving in this 9-5, capitalist, individualist world. I did numerous therapy, groups, spiritual practice and everything I thought I needed to 'fix' myself. Despite resisting conformity with every part of my being from a young age, I had slowly and unconsciously swallowed the correctional centre philosophy which positions the individual as the 'problem', and then places the the burden of responsibility for change squarely on the 'problem's' shoulders.

I have lots of new memories since that first watch-house incident – Jay, my friend, aged 32 and mother of 3 who died slowly and painfully in prison because she wasn't 'deserving' of a liver transplant as former 'addict', 22 year old Ava who gave birth in prison, told she'd be able to keep her bub in the 'mother baby unit' but having the baby removed at birth while she was still shackled to the bed. The sound of women's voices in our unit screaming as we're dragged out of our beds abruptly and violently at 3am by a pack of screws with drug dogs and cameras in search of substances, or Sundha – a 51 year old woman who hung herself after she refused a strip search and was subsequently refused her visit with her children who'd travelled from overseas to see her – she , like most women in prison, was a survivor of sexual assault and staunchly resisted these imposed forms of state sexual violence.

I know why I internalised these messages of 'otherness' and 'bad' vs 'good' -because to see the truth and the scale of injustice around me would have overtaken me. I swallowed the bitter pill of self-loathing and self-distortion as it provided an easier route to freedom – I could just change myself instead of the world.

Today, I'm slowly reclaiming my true self and identity and want the world to know labels can kill – not only physically but also the person you are and were meant to be. And I'm also changing the world, one day at a time.

Dedicated to all the women whose true selves have been distorted through the lens of shame, stigma and the war on drugs.

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

Aboriginal & Torres Strait Islander Legal Service QLD
07 3025 3888 or **1800 012 255**
(24/7 free call)

Legal Aid QLD
Give legal help to financially disadvantaged people about criminal, family and civil law matters.
1300 65 11 88 Legal Aid Info Line
(Mon- Fri 8.30am-4.30pm)
1300 65 01 43 Aboriginal and Torres Strait Islander Information Line
https://www.legalaid.qld.gov.au/

Law Right QLD
LawRight improves the lives of vulnerable people by increasing access to justice through strategic partnerships with pro bono lawyers.
https://lawright.org.au/

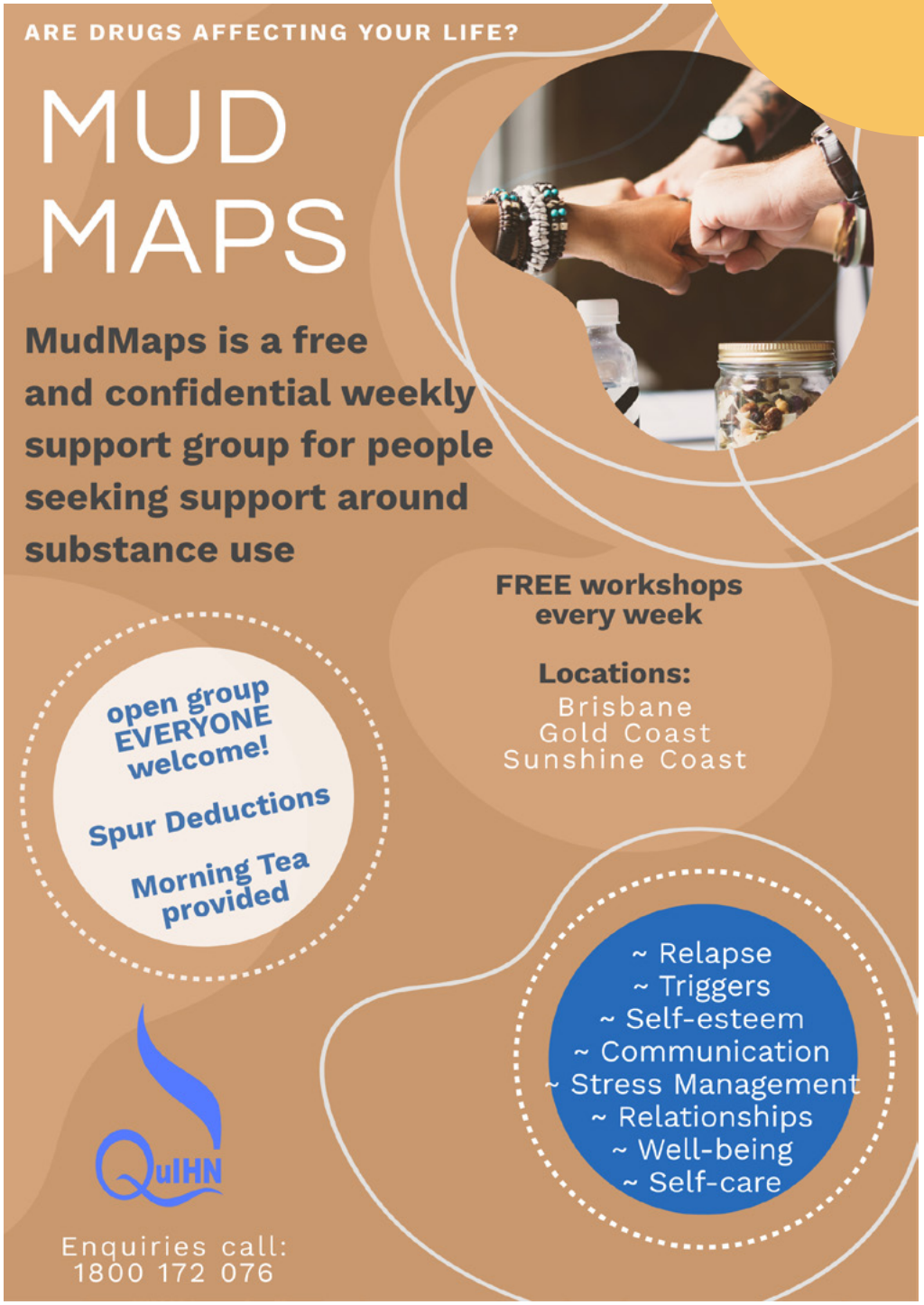
LGBTI Legal Service Inc
Provides access to justice and legal assistance to all Queenslanders within the LGBTIQA+ community.
Call **(07) 3124 7160** or Text **0485 908 380**

Sisters Inside
Is an independent community organisation based in Queensland,Supporting Criminalised Women, Girls, Children and Families.
1800 003 242 Brisbane Freecall
1800 290 662 Townsville Freecall

QuIVAA - Peer Qnect
Is a free service that provides peer support by former prisoners in Queensland.
1800 175 889 QLD Freecall
(Mon-Fri 9am-4pm)

SELF - Strong Empowered Living Free
Provides tools, referrals and practical support for women who have recently been released from prison.
https://selfprojects.com.au/

The MARA Project
Women's reintegration service.
07 44594562 Northern Region Townsville & Cairns Hub
07 28105590 Southern (SEQ) and Central (Rockhampton & Sunshine Coast)
https://www.sero4.com.au/



YOUR RIGHTS WITH POLICE

Because of the widespread carceral responses to people who use drugs, harm reduction must include community education and advocacy focused on reducing the harms associated with policing, surveillance and incarceration. Knowing your rights with police can help you feel calmer if you have to engage with police, support you to make informed choices, enable you to advocate more effectively for yourself and your community, and equip you to know when your rights have been breached.

The following information is adapted from several sources including Your Rights With Police by CounterAct

Visit: https://counteract.org.au/about/

See the list of services and resources at the end of this section for more information

WHEN APPROACHED BY POLICE

YOU HAVE A RIGHT TO

- Remain silent
- Refuse to answer police questions
- Know if you are being arrested
- Know why you are being arrested
- Refuse to give personal DNA samples in particular circumstances
- Refuse to be searched unless police believe you are carrying a weapon or evidence (unless you are under arrest)

NAME AND ADDRESS

Police have the right to ask for your name and address if they *reasonably believe* that you have committed, or are about to commit any offence, or you may be able to assist in the investigation of an indictable (serious) offence. If you refuse to give your name and address when the police have a right to ask for it and you do not have a reasonable excuse for refusing to cooperate, you will be committing an offence and could be charged. Police can also ask for proof of identity where it is reasonable in the circumstances.

If you are arrested and want to be processed quickly it is highly recommended that you give current photo ID.

If the police ask you for your name and address, you can ask the police officer for their name, rank and station for use in court later. They are legally obliged to tell you.

ANSWERING POLICE QUESTIONS

You have the right to remain silent. Anything you do say to the police can be used as evidence against you in court, or in the police decision whether or not to charge you. Be aware that aside from the requirement to give your name and address, you are not required to answer any police questions either before or after your arrest. You can politely explain that you are exercising your right to silence and you will not be answering any questions. It is important to exercise your right to say NO COMMENT, and not answer occasional questions.

If you are under 18 years of age — the police MUST NOT formally question you unless your parents, a guardian or an independent person is present during questioning.

If you are an Aboriginal and/or Torres Strait Islander person — you have the right to speak privately with a support person before being interviewed and have that support person present while being interviewed.

If you have a disability that impacts your capacity to understand police questions and communicate — you have the right to speak privately with a support person before being interviewed and have that support person present while being interviewed.

BEING ARRESTED

Arrest is the process by which police can lawfully take you into their custody. Police are not required to give you a warning prior to arresting you, but often they will. Police must formally tell you they are arresting you. You should always ask the police officer; "*Am I under arrest?*" and "*What for?*" Remember what they say. In most cases, it is necessary for police to inform you of the reason for the arrest.

HINDERING OR RESISTING ARREST

A police officer may charge you with resisting arrest if you try to stop them from arresting you. It is an offence to "actively resist " a legal arrest (yours or another's). In some states it is not necessarily an offence to not cooperate, for instance by lying down, going limp or refusing to move, however Queensland law has a stricter reading of hinder/obstruction charges. Activists passively resisting have been charged with the offence of "Assault or obstruct a police officer".

CONTACTING LEGAL ADVICE AND SUPPORT

The police are only required to inform you of your right to contact a friend, relative or lawyer if you are being questioned about an indictable (serious) offence. Regardless of the offence however, you have a right to speak to a friend, family member or lawyer before you enter into police questioning. If you are an adult Aboriginal and/or Torres Strait Islander person, the police must notify or attempt to notify the Aboriginal Legal Service if they intend to question you.

PHOTOGRAPHS AND "IDENTIFYING PARTICULARS"

For almost all offences, the police may request 'Identifying Particulars'. These include palm prints, fingerprints, handwriting samples, footprints, photographs and measurements. It is an offence not to give the Identifying Particulars requested. You may be required to provide these Identifying Particulars while you are in custody, or you may be issued with a notice by a police officer to report to a police station within 7 days to provide them.

BODY SAMPLES

For police to obtain a forensic sample (blood, hair, mouth swabs etc.) they require your consent or a court order. You should refuse to consent to providing a forensic sample, and ask to speak with a lawyer.

SEARCHES

Police do not have an automatic right to search you. If they do not have a warrant, a police officer may stop and search you or your vehicle without your consent only in certain circumstances. This includes where they reasonably suspect you of having in your possession: a weapon, knife or explosive; illegal drugs (including paraphernalia), stolen/unlawfully obtained property; a graffiti instrument; tools used for housebreaking or car stealing; something you intend to use to harm yourself or someone else, or a 'dangerous attachment device' (e.g, a lock-on device) that has been used, or is going to be used, to disrupt a relevant lawful activity.

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 else 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.

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; and
- 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; and
- 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.
-

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; and
- 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.

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 drug diversion, 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 or non-prescribed medicines. 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 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 prove you didn't know about the drugs.

POLICE DRUG DIVERSION

There are two kinds of drug diversion available in Queensland.

1. Police Drug Diversion Program

2. Court Ordered Drug Diversion

1. The Police Drug Diversion Program

In Queensland this is a legislated program that allows police to offer an eligible person an alternative to going to court for a minor drugs possession offence. If you meet the eligibility criteria, police must give you a Drug Diversion Warning. However, if you have already had a warning, you may get two chances to attend a Drug Diversion Assessment Program appointment.

New laws in Queensland were introduc in 2024, including more substances that can be possessed for personal use. However as in all cases where police are determining eligibility for police drug diversion, police need to 'reasonably believe' the drug/s in question are for personal use. For more information and to see what drugs have been listed, including their threshold amounts, check out our resource. https://hi-ground.org/hi-ground-resources/police-drug-diversion/

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, ecstasy and speed.

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 legally 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 fined, lose your licence for up to 6 months or if it is your second offence up to 12 months, or worse case scenario, imprisoned.

If you are on your learner's, probationary or provisional licence and are caught drug driving you could be fined, 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.

COMPLAINTS AGAINST THE POLICE

If you have been injured by a police officer:

- see a doctor immediately, and ensure that they provide you with a written medical report describing your injuries, and photograph your injuries
- write down as much information as you can about the person or people who injured you including name, rank, police station, etc.
- write down the name of the last person to see you before you were injured and the first person to see you afterwards

Police are under instructions to wear their identity badges at all times, but sometimes do not do so. The first avenue for complaints against police is the Queensland Police Service complaint management department, and further steps from there. Community members and activists are often frustrated by these processes.

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

Police Powers — Action Ready https://www.actionreadyqld.com/police-powers/#search-powers

Story #4

Content introduction:
Parenting, Carer of someone using drugs, Withdrawal

Rest unless by Sunny

What goes up must come down. Sometimes, though, you have to go through the side door to get past the ghosts in your own house.

Supporting my daughter through at home withdrawal had me stretched in all directions. I'd lived through it but I didn't know how I could witness her going through it.

Live Through This by Hole played on high rotation.

In the years between there and here I got a straight passing job, but this weird feat made it harder to mask while doing the daily duty of washing sheets, holding comfort.

Work paid me, but the unpaid and unnoticed labour of love went beyond and above. At work I had to grit and get through; not start conversations in the staffroom about how your kids are doing. At home I had to wrap all my grief and fear up and pop it in a box, so I could continue trying to maintain the peaceful setting I'd created for withdrawal.

Up the plunger, to the tipping point. The door swung wide. It opened and with it came a tirade.

Winging into defence was a knee jerk reaction of mine. Instead, I stayed quiet.

I'm thinking "If I can love her unconditionally, I can do the same for me and we can get through this." Usually I'm stingy and don't afford or award that level of love to myself.

Like a jewellery box, Pandora opens up. What will remain of us? I wonder. We know though, it's hope.

She is kicking off tonight. My kid. She's actually 22. A grown ass woman. She flew from the south to stay with me after three weeks awake and strung out. We went to the local DUO and got connected with supports and benzos.

It's been three weeks on the other side now. There's been suffering, sprinkled with a little bit of healing.

She's searching frantically for an LSD tab she believed was in the freezer. She wants relief, and for her brain to change the music.

I look everywhere.

She's screaming, crying, cooing, whimpering. Not strung out anymore but curled up into herself and tetchy with memories of reaching for something to relieve.

The last place I look is the bin.

The streetlight doesn't look at me kindly. It lights up the lines around my eyes, the scars on my hands and arms and the day's straight-passing work clothes I didn't bother changing out of yet.

I'm standing knee deep in rubbish, looking for acid and proving a point.

The point is I believe her. I believe she is going through it. I don't doubt she'll get through but I'm scared too.

I turn the front yard into an excavation of the heart. I take each piece of rubbish and inspect it. I reassure her, I tell her that this is really hard and she's strong and she's doing well; that no feeling is final and that this pain will change and dissolve and transform into something else soon.

We don't find the tab. We do manage to sort through the big feelings though, and slowly our talk goes from far flung and frantic to more settled, honing in on connection.

We talk about how women in our family make it through difficulties.

We talk about how this all started with a good idea: an escape plan.

I keep riding the idea that I did something wrong but it's the overarching shame that really kicks me.

Where are our stories of women who use drugs succeeding?

We boil the kettle and close the door on the defrosted freezer. Time passes. Urges lessen. There is a soft dawn acceptance.

Walk down to New Farm Park and sit among the rose beds.

'Follow the sun, mum' she says. I nod and move her gently home, away from harsh daylight.

Now I'm in the shower and getting ready for work again; and she is sleeping now that we've worked through the restlessness.

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

Useful Resources

- **Alcohol & Drug Foundation**
  Advice to help you have a conversation about alcohol and drug use
  https://adf.org.au/talking-about-drugs/family-and-friends/

Useful Support Services

- **Family Drug Support Australia**
  Support and resources for families affected by alcohol and other drugs.
  Phone (24/7) 1300 368 186
  https://www.fds.org.au/
- **QuIHN**
  Health services for people who use drugs and alcohol throughout Queensland. Also provide free naloxone training and devices.
  1800 172 076 (free call)
  https://www.quihn.org/

Supporting a Loved one

Offering support for individuals navigating their relationship with substances is an important step, even if they are not feeling ready to seek help right away. You can gently remind them that help is always available when they're ready to explore it. For those who have had unsatisfactory experiences with treatment (such as stigmatisation) or have faced relapses, it's reassuring to know that numerous options exist that may be a better fit for their needs.

Recognising that people often move through various stages of change can help in understanding their motivation at any given time. Encouraging open conversations about their feelings and experiences can foster a supportive environment. Engaging with an alcohol and other drug treatment service that suits their needs can provide additional strategies to support their journey.

Maintaining trust and open dialogue is essential when discussing substance use with a friend or family member. It's important to approach the conversation with care and respect for their privacy. Here are some key points to consider:

1. Respect Their Privacy: Avoid searching through their belongings, social media, or other personal communications to find evidence of substance use. This can lead to feelings of betrayal and damage the trust you're trying to build.

2. Create a Safe Space: Foster an environment where they feel safe to share their thoughts and feelings without fear of judgement. This can encourage more honest conversations.

3. Listen Actively: Approach the discussion with empathy and a willingness to listen. Show that you value their perspective and are there to support them.

4. Express Concern Without Accusation: Frame your concerns in a non-confrontational way. Use "I" statements, such as "I've noticed you seem stressed lately," rather than "You're using too much."

5. Be Patient: Understand that they may not be ready to talk about their substance use right away. Give them space and let them know you're there when they are ready to discuss it.

By prioritising trust and open communication, you can create a more supportive relationship that encourages your loved one to seek help when they need it.

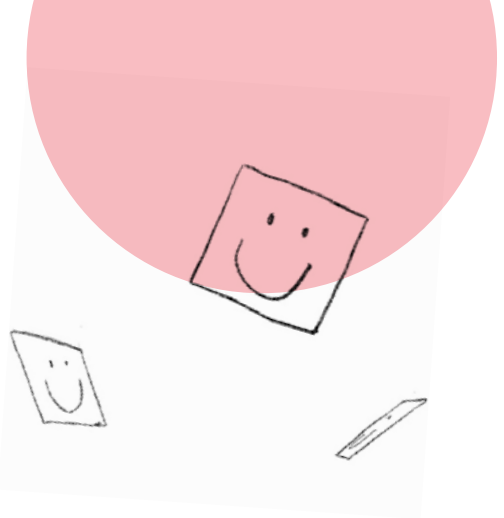
Harm Reduction

Reducing harm for loved ones using alcohol or other drugs involves practical strategies to minimise negative health impacts. Here are several approaches you can encourage:

1. Regular Health Checkups: GP visits for regular health assessments can help identify and treat any underlying health issues or deficiencies, like low vitamin B1 (Thiamine) from excessive drinking.

2. Safe Injecting Practices: For those who inject drugs, using safe equipment is crucial to reduce the risk of blood-borne viruses such as hepatitis C. Local Needle and Syringe Programs can provide access to safe supplies and peer support; they can be found through the National Alcohol and Other Drug Hotline.

3. Carrying Naloxone: Naloxone can reverse an opioid overdose, making it an essential resource for individuals using opioids. It can be obtained at participating pharmacies, QuIHN clinics, or through a GP prescription. More information on accessing naloxone can be found through local health services or via the QuIHN website.



4. Pharmacotherapy: For those struggling with opioid addiction, pharmacotherapy offers a legally prescribed substitute medication to help manage cravings and withdrawal symptoms.

5. Never Injecting Alone: Recommend that they avoid injecting alone, as this increases the risk of fatal overdoses. Medically Supervised Injecting Centres (MSIC) in places like Melbourne and Sydney provide a safer environment and can offer immediate assistance in case of an overdose.

6. Avoiding Risky Combinations: Inform them about the dangers of mixing substances, such as opioids and alcohol. Resources on Hi-Ground can provide valuable information about the risks involved.

7. Avoiding Driving: Encourage them not to drive or operate heavy machinery while under the influence. Plus, if caught by police they may be fined or charged. Suggest alternative transport options if they are intoxicated to keep them and others safe.

By sharing these strategies, you can help your loved one make informed choices that prioritise their health and safety.

Story #5

Content introduction: Parenting, Carer of someone using drugs, substance use, family violence, homelessness, mental health

By Evelyne

My eldest, Rose, began using drugs around the age of thirteen, I couldn't say exactly what she was using, however the evidence was overwhelming, and her transformation was swift and confronting. Watching my child transition from a happy, engaged, and funny teenager to an angry, violent person in just six months was confusing and frightening for both me and my two much younger children.

The violence directed at me and her two little sisters became unbearable, forcing me to make the heart-wrenching decision to send Rose away to live with family. The daily fear of enduring physical and mental abuse had become too much for all of us to handle.

At the time, I believed this was the best decision—to allow us all space to heal from a violent marriage breakdown, where for many years, it felt like we were constantly walking on eggshells. However, relocating Rose to the city turned out to be a massive mistake. Her addiction deepened, this time we knew she was using cocaine and methamphetamine, after she disclosed to her younger sister.

Rose changed in every conceivable way, leading to a devastating decline, both physically and mentally. This lasted for about 3 years, over this time circumstances changed, we changed, and Rose moved back home. Initially, things seemed okay, she was stable, funny, kind, and helpful, but soon she found access to methamphetamine and cocaine, and her decline accelerated, becoming even more violent.

I was determined to do better and provide more support, I hoped that my now older younger children would be okay, as she was still their sister. Unfortunately, the violence and aggression escalated, and we reached a tipping point. We had a conversation about her needing to find her own place, as living together was no longer possible. Just days after this discussion, Rose left while we were out. We returned home to find she was gone. She wouldn't answer my calls, leaving me in a state of constant worry—unsure of her whereabouts or if she was safe, was she alive, I had no idea. Four days later, a call from family confirmed she was okay but unwilling to disclose her location to anyone. It took about 2 years for sporadic contact to start, this contact allowed us to stay somewhat connected, but her drug use was erratic, and her mental health suffered, resulting in homelessness.

We maintained contact, and over this time I tried to help by sending money, referring to counselling, anything that I could do to bring her home. It was in the helping and giving I became to realise I was enabling addiction as the money sent was not helping her change. I had to make another hard decision and that was to cut off monetary support, offering support to access counselling, or support to help her break the cycle of addiction, nothing helped. Then there was the day I received a call from Rose's friend, advising me that Rosewas admitted to hospital under the mental health act. I was so hopeful this would help her, maybe this would be the support she needed. But within a week she was released, and the cycle continued.

As a mother, I felt like I had failed. I believed I must have let my daughter

down, that her substance use was somehow my fault, and this narrative played on repeat in my mind. I wanted to help Rose, and I didn't know how to help her. All I could do now was focus on healing myself because in my brokenness, I couldn't provide the help or support she needed. Healing myself first, resulted in significant changes for both of us, and now I see change had to start with me.

Over time, significant healing took place. As I grew and healed, I was able to offer more meaningful support to my daughter. Shifting my failure narrative to a more positive inner dialogue about me as a mother transformed my ability to support my daughter, and as a result, our relationship slowly grew stronger.

Rose owns her story of recovery, she did the work, there were good days and bad, to Rose's credit, every time she fell, she got back up. I celebrated her victories, like days without using, which gradually turned into weeks. I am proud to say that she has not used daily for two years and is succeeding in business and is recreating herself into the chosen version of herself.

Rose still uses, unlike days before her drug use is no longer daily use, hidden or secret, we talk about what she is using, and when she hits a low on the downslide, we talk about what is happening to her biologically to help in understanding and managing her mental health. We don't talk about abstaining from her drug use, we do talk about harm reduction and safe use, which I can honestly say has been profound for honest and open communication.

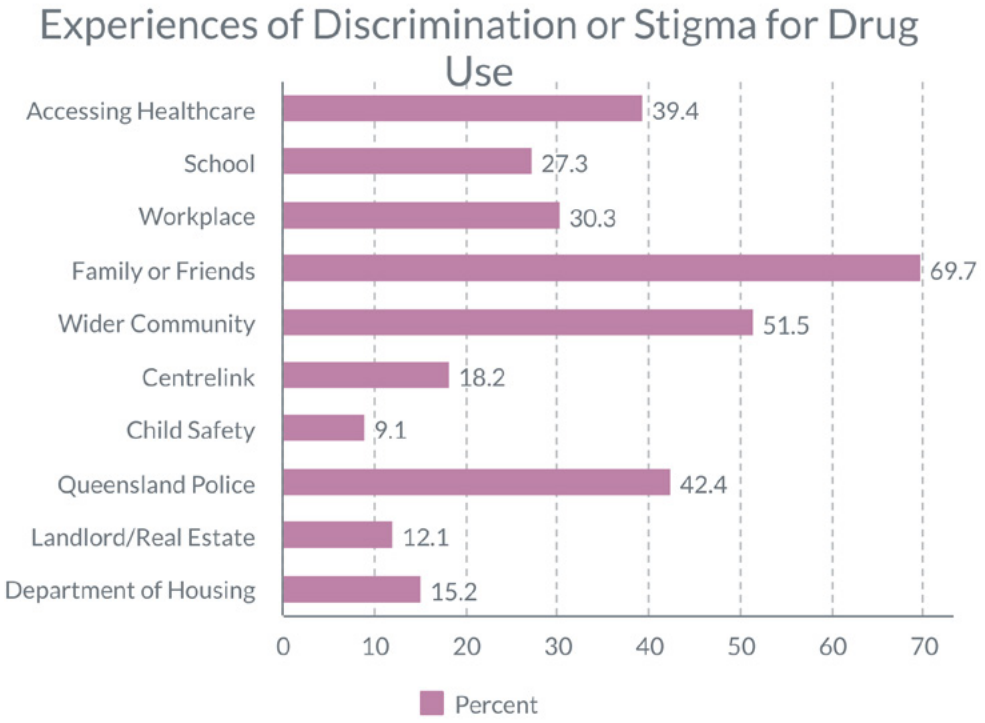
Now, we can have real conversations—not just superficial chats, but deep discussions filled with healing, hope and joy.

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

- **Breakthrough for Families Queensland**
  https://www.breakthroughqueensland.com.au/
- **Relationships Australia**
  1300 364 277
  http://www.relationships.org.au/
- **Homeless Hotline**
  Information & Referral for people who are experiencing homelessness or are at risk of homelessness.
  1800 474 753
- **QNADA (Services Finder)**
  The Queensland Network of Alcohol and other Drug Agencies (QNADA) provides a service referral guide and information for people who use drugs and their families.
  https://qnada.org.au/service-finder/

Combating Stigma

Our survey shows that many people have experiences of discrimination or stigma because of their drug use, with the majority coming from their own family or friends. This is then followed by discrimination 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. Your addiction does not define you!

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.

When working with people who use alcohol and other drugs	
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...
Suffering from addiction/ has a drug habit	Person experiencing drug dependence
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)

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

QuIVAA provides a free and confidential service called Peer Qnect run by peers to provide support to people who use substances across Queensland. Topics they can help with are:

- Opioid treatment support/ advocacy/mediation
- Safer substance use
- Questions or concerns regarding your prescriber or pharmacy?
- Experiencing stigma or barriers to healthcare in Queensland?
- Peer Qnect also provides training for prescribers, clinics and relevant community services

Phone: 1800 175 889
Email: odtp@quivaa.org.au
Opening hours: Mon – Fri 9am-4pm

Peer First Responder Skills

What is a “Peer First Responder”?

A first responder is the first person to become aware that another person is in a crisis and needs assistance. This could be because they tell you themselves, or you are present and observe it yourself. “Peer First Responder” means that the first person in a position to respond is a community member, as opposed to someone from a service or emergency service.

Realistically, regardless of the particular issues at hand, most of the crises that people experience happen while they are in community. Even if someone has experience with services or emergency response, most of their journey is still happening out in community.

Harm reduction looks like community education, and supporting us to better support ourselves and each other. This can look like overdose education and prevention like carrying Naloxone, peer mental health first aid and suicide education, and education about consent and healthy relationships.

Story #6

Content introduction: mental health, suicidality, body dysmorphia, systemic harm and discrimination, psychiatry, intimate partner violence, pregnancy

Dancing in the Dark By Queenie

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.

Sex-work was the next logical step in an otherwise illogical system.
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).

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.

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.

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:

Beyond Blue

Support for mental health free 24/7 telephone & online counselling service
1300 224 636
https://www.beyondblue.org.au/

Indigo Project

Offer online counselling, psychological support and treatment services for common and specialised mental health issues relating to anxiety, depression, grief, relationships, compulsive behaviours, eating disorders, body dysmorphia and much more.
https://www.theindigoproject.com.au/

Respect QLD

If you're a sex worker in QLD and looking for support, information, education, health checks & advocacy, they are located in Brisbane, Gold Coast, Cairns and Townsville.
https://respectqld.org.au/

Suicide Call Back Service

free nationwide service providing 24/7 phone and online counselling to people affected by suicide.
1300 659 467
https://www.suicidecallbackservice.org.au/

True - Relationships & Reproductive Health

Offer sexual health service providing testing, advice and management of sexual health issues, and reproductive health. They are located across Queensland, visit their website to check out their locations:
https://www.true.org.au/

Zig Zag

Is a Brisbane based service that provides young women, trans and gender diverse young people aged 12-25 sexual assault counselling and housing support for homelessness.
(07) 3843 1823
https://zigzag.org.au/

MENTAL HEALTH AND SELF CARE

We cannot care for community unless we first care for ourselves! Many of us have been subject to powerful gendered social conditioning that teaches us to put other people first, to provide unending (and often invisible) emotional and domestic labour, even at our own expense. On top of that, we are not taught how to practise self care around substance use, or that we even deserve it! Getting education, being informed, caring for ourselves, having boundaries, prioritising our own needs - these are all radical acts of reclamation!

Self care and substance use - hangovers and comedowns

Here are some tips from your peers to help ease the severity of hangovers and comedowns. Remember that everyone experiences comedowns differently, some may feel things physically yet for others it can be a very emotional process. Different substances will hit you harder than others - get to know what works for you and what doesn't!

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 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, reduce 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!

Self-Care (and its many complexities)

Self-care is a term that gets thrown round 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. 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, practising 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 practising 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 perceived 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 and inequity.

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.

Mental Health and Drug Use

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

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).

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.

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.

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

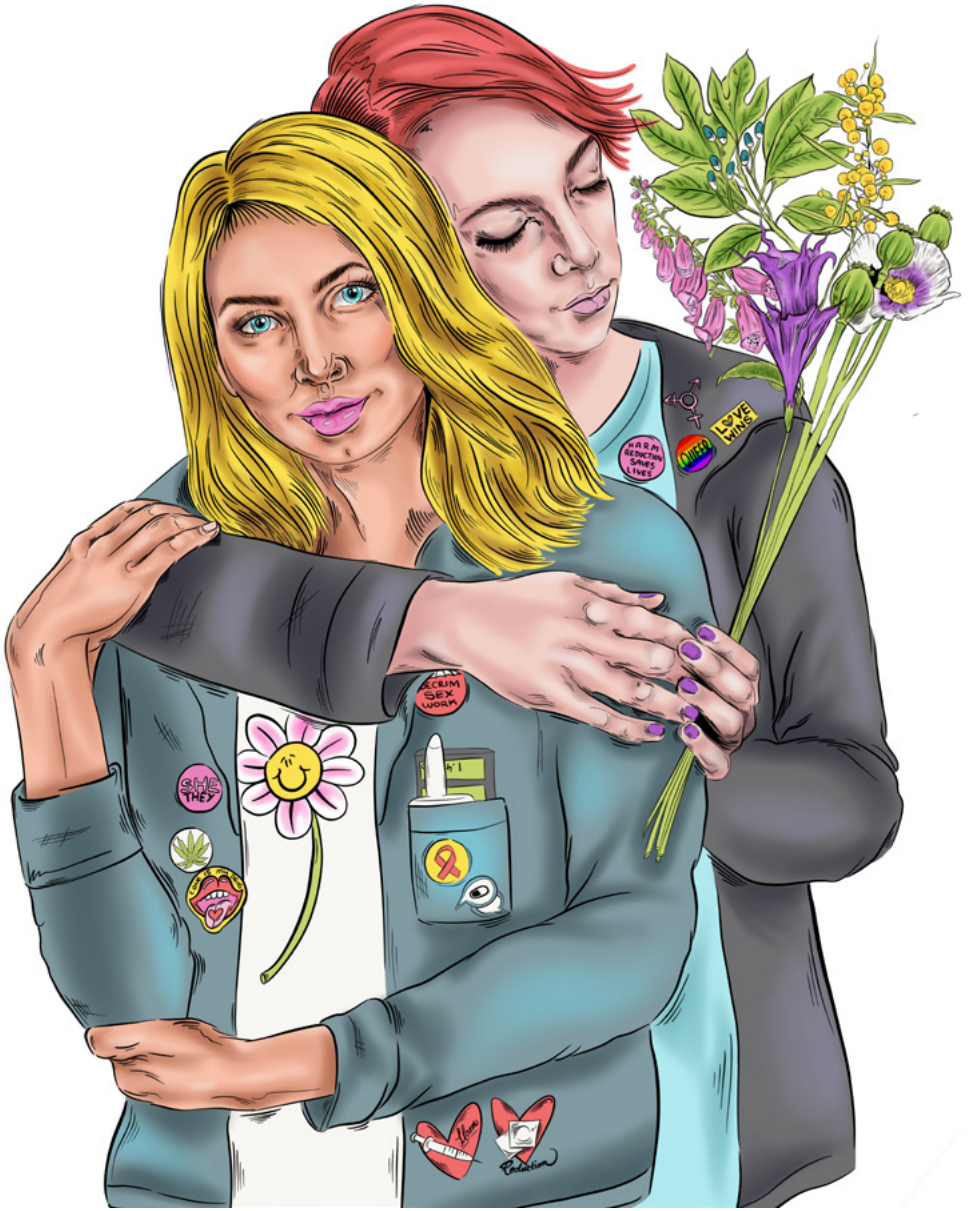
@healingandjustice, @frizzkidart, @mellow.doodles, @edadhd_therapist, @thebodyisnotanapology, @liberaljane, @NeffSelfCompassion

Benefits of 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 Dependance

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.

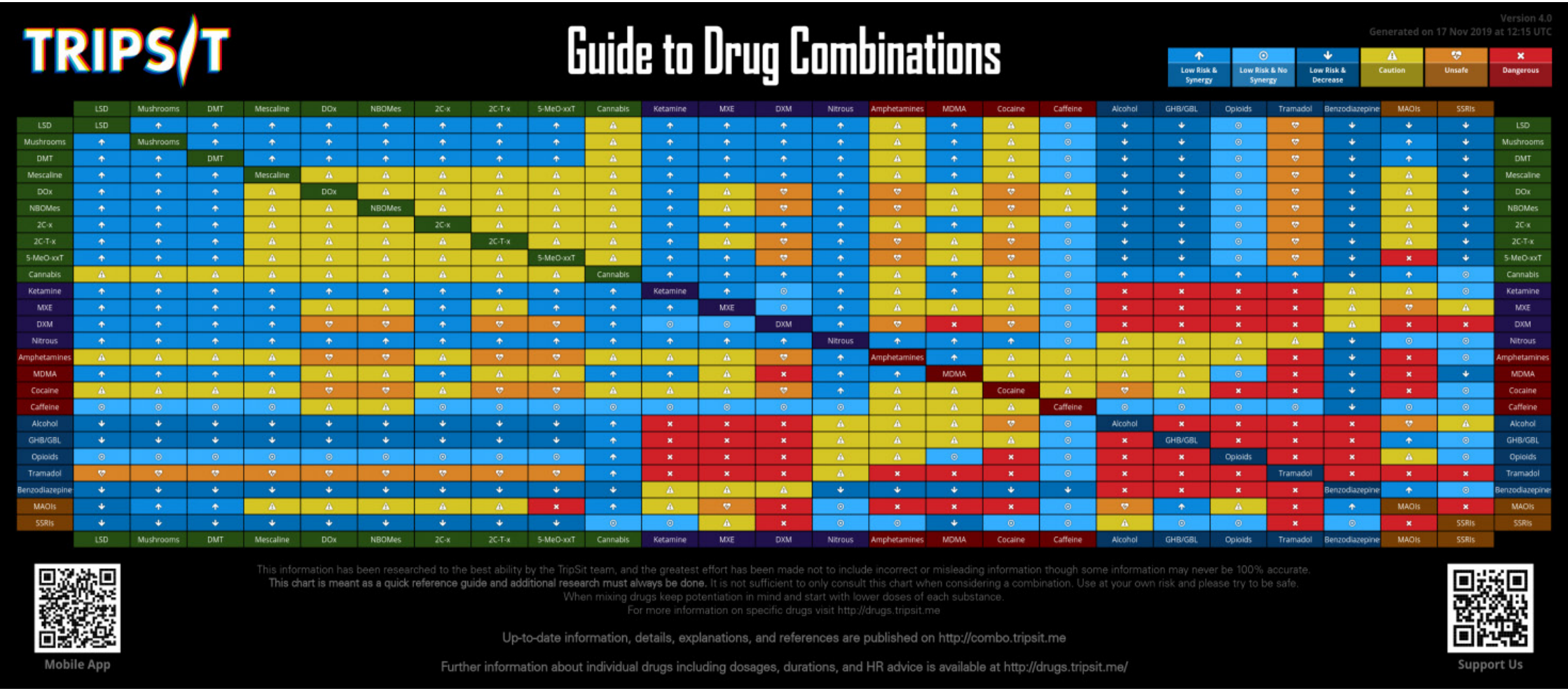
Note from Brooke - My personal favourite art activity that I do for therapeutic reasons is collage. I always keep a stack of old magazines at home and whenever I'm at an op shop I get some more for real cheap! If ever I'm in a mood or need to take my mind off something it's an activity I really enjoy doing. I also like it because if you're not into drawing or painting, collage is easy and fun. It is also something my daughter and I love doing together, so if you have kiddos it can be a great family activity to do together.

Tools you need to collage like a pro: Scissors, Glue Stick, Utility Knife or Art Knife and Cutting Mat.

Don't have any of these but have a magazine? Ripping paper is just as cathartic and helps release energy. Making impermanent creations, meaning you just lay the pieces together but don't glue them, is also great practice for letting go and enjoying the process rather than focusing on the outcome

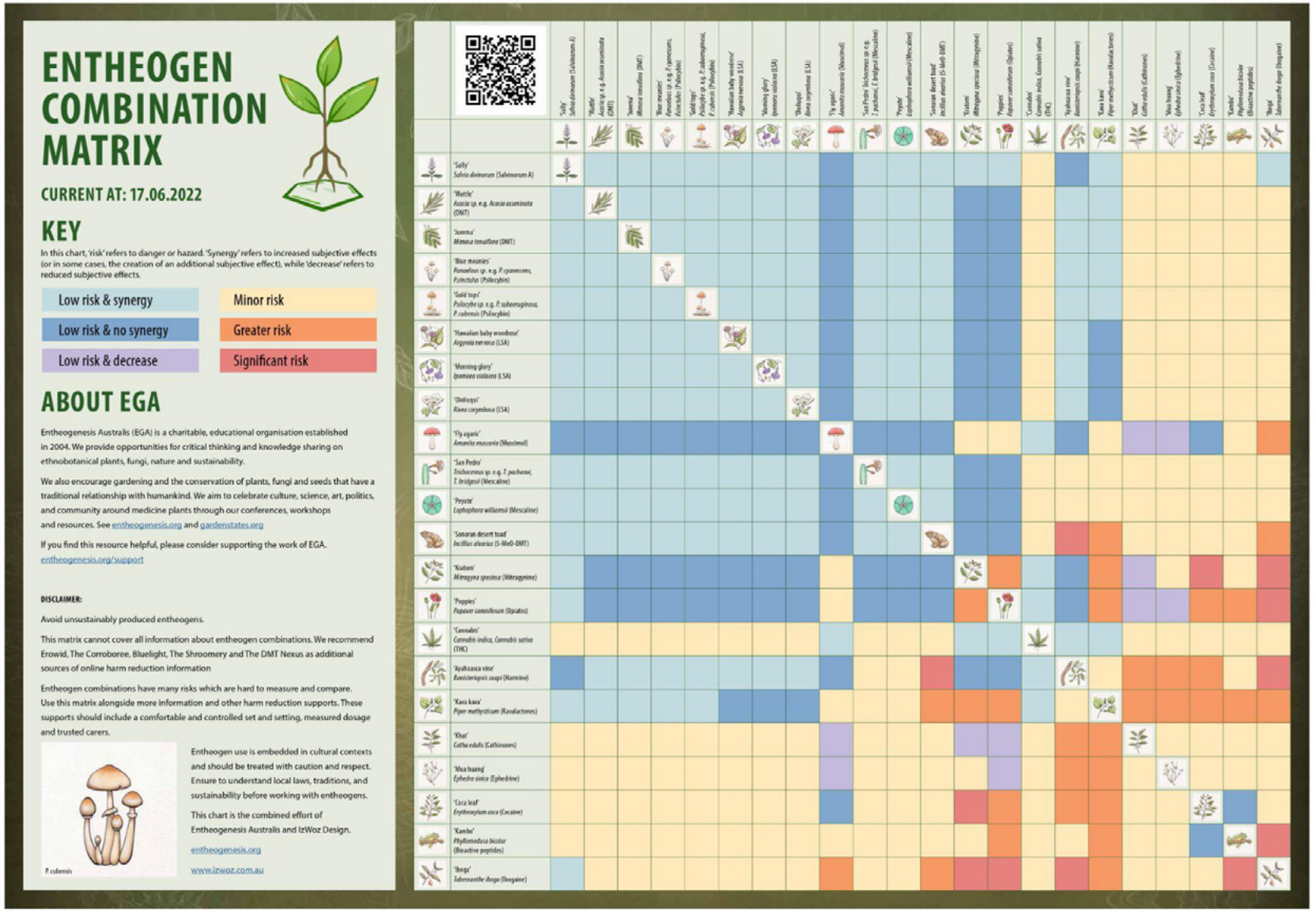
DRUG INTERACTIONS

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. https://wiki.tripsit.me/wiki/Drug_combinations

Psychoactive Substances Interaction Table



Reference: Entheogensis Australis (2024). The Entheogen Combination Matrix. https://www.entheogenesis.org/entheogen-combination-matrix

OTHER INTERACTIONS

HORMONES

For people who take hormones for gender affirmation (or other prescribed reasons such as HRT for perimenopause and menopause) there may be interactions with other substances to be aware of. Research in this space is very much still emerging, so there may be interactions that have not yet been investigated.

Some things we do know about hormones and drug interactions:

Hormones + Stimulants:

Testosterone can cause mood swings and irritability, which could change the way that stimulants affect emotional state. Both testosterone and stimulants share an increased risk of polycythaemia (higher than usual concentration of red blood cells) - it could be a good idea to have a regular blood test.

Feminising hormones and anti-androgens can affect how we experience stimulants including cocaine, MDMA, meth, and other amphetamines like speed. Low testosterone levels can amplify certain effects such as elevated heart rate, sweating and dehydration. Research on cisgender women has identified that fluctuations in progesterone and oestrogen can also have an impact - so it stands to reason that women and gender diverse folks who take hormones will be impacted at different points in their cycles also.

Both Testosterone and opioids can cause constipation, bloating and water retention, so the chance of this happening could be increased if you are using both. Both Cyproterone Acetate and Progesterone can cause drowsiness and fatigue which could increase the depressant and sedative effects of opioids.

Research has shown that Oestradiol can impact opioid receptors, which can change how we are affected by opioids. If you are on ODTP and also taking Oestradiol, you may need to chat to your prescriber about your dosage.

Other substances such as cannabis, nicotine and alcohol share some possible side effects with feminising hormones and testosterone, such as increased risk of thrombosis and polycythaemia. More research still needs to be done, but in the meantime if you're concerned, the best approach would be to have a frank discussion with your prescribing doctor about your particular situation... If that doesn't feel like a viable option for you, refer to our website for more information. https://hi-ground.org/resources/drug-interactions-hormones/

HIV MEDICATIONS

Not every drug out there interacts with HIV meds! That said, many substances (including MDMA) have not yet been researched for interactions. We can only provide information based on current research, so there might well be interactions we don't know about yet.

If you're curious about potential interactions, it's a great idea to have a chat with your doctor or (even better) a HIV specialist. Here are some things we do know:

Antiretroviral medications can have variable impacts on the effects of certain substances including weed, benzos, Ketamine and some opioids including Oxycontin, leading to increased OR decreased sensitivity. Be aware and alert that your substance might impact you differently when you're on medication.

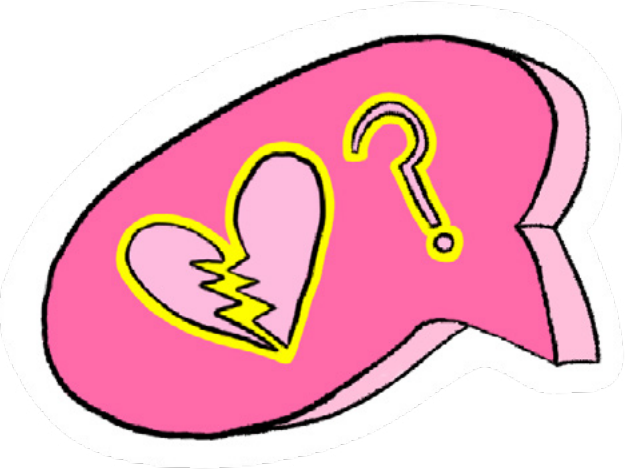
Some ODTP including methadone and buprenorphine **should not** be mixed with certain HIV medications. Do not take both of these medications before seeking specialist medical advice.

Liverpool HIV drug interactions checker online regularly for the most up to date information. https://www.hiv-druginteractions.org/checker

Queensland Positive People https://www.qpp.org.au/

Mental Health Medication Interactions:

QNADA have recently updated many of their harm reduction resources on the interactions between substances and mental health medications. They have developed well researched fact sheets looking at the interactions with medications such as atypical & typical antipsychotics, SSRIs, mood stabilisers, MAOIs, Benzos, lithium and ADHD medications with alcohol, cannabis, hallucinogens, nicotine, opioids and stimulants. https://qnada.org.au/research-clearing-house/?fwp_type=harm-reduction-resource



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/

QuIVAA - Peer Qnect
Drug Support Service
Phone: 1800 175 889 (Mon-Fri 9am-4pm)
Email: odtp@quivaa.org.au

13 YARN
Aboriginal or Torres Strait Islander Crisis Telephone service (24hrs, 7 days)
Call: 13 92 76

QLIFE
LGBTIQ+ Support Service
Telephone & Webchat
3pm to Midnight, 7 days
Call: 1800 184 527
Webchat: qlife.org.au

Need advocacy and support for substance use?

Peer Qnect is a free and confidential service run by QuIVAA to provide support to people who use substances, including those on the opioid treatment program or seeking opioid treatment across QLD.

What we do:

- Opioid treatment support/advocacy/ mediation
- Safer substance use and harm reduction information
- Assist with questions or concerns regarding your prescriber or pharmacy
- Support experiences of stigma or barriers to healthcare in Queensland
- Peer Qnect also provides training for prescribers, clinics and relevant community services

Hi-Ground is a project of QuIVAA which is a statewide, not for profit, and non-government organisation providing a variety of health and advocacy services to people who use substances throughout Queensland. The aim of Hi-Ground is to create safe and inclusive peer-led educational resources for people who use drugs. We hope that by providing information free from judgement and damaging stigmatisation, 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

The second edition of this resource was developed with funding from The Queensland Mental Health Commission.
Hi-Ground is a program QuIVAA.
1 Hamilton Place, Bowen Hills, QLD, 4006
T (07) 3620 8111
E admin@quivaa.org.au
ABN: 96 111 165 363

Funded by
Queensland Mental Health Commission