


RIDING THE WAVE

DISASTER READINESS FOR
PEOPLE WHO USE DRUGS



We acknowledge the custodians and protectors of the land, skies and waters - Aboriginal and Torres Strait Islander peoples.

This resource was developed on the lands of the Gubbi Gubbi people. We acknowledge their ancestors, who have cared for country and all the creatures that live upon it.

We acknowledge the continuing connection to intricate natural systems, passed down over thousands of generations. We pay respect to elders; past, present and emerging.

Sovereignty has never been ceded.

Welcome to Riding the Wave - a disaster readiness booklet by and for people who use drugs (PWUD).

This resource exists thanks to the passion and advocacy of peers. Special thanks to Jaye Murray who wrote the grant application that made this resource possible, and to all the community members who contributed their words, art and brilliant insights during consultation.

Before we begin, we just want to acknowledge that the last few years have been really hard. The cumulative impacts of the pandemic coupled with fires, floods and droughts, plus the rising costs of living against the backdrop of global conflict and suffering has left many of us exhausted and overwhelmed. How do we prepare ourselves, our families and communities for what lies ahead? How do we advocate for our fundamental health rights to be included in emergency responses? What do we do with our fears and frustrations?

There are no clear and simple answers. But it is important to remember that marginalised communities, including PWUD, have a long history of activism, resilience, mutual aid and community care. We have always found creative ways to look after ourselves and each other. This booklet is a part of that legacy. In its pages you will find art, words of affirmation, rage and wisdom as well as practical tips and strategies to support your disaster preparation.

You matter, and your community matters.
In a disaster, no one should ever be left behind.

A LOVE LETTER TO COMMUNITY

Dear community,

Today, I want to delve into a topic that holds immense significance for myself and most likely for all of us - the critical need for projects that provide support for individuals who use drugs (PWUD) during crises such as floods, natural disasters, and other emergencies.

It's no secret that we, as PWUD, often find ourselves forgotten when disaster strikes. The chaos and urgency of these situations understandably take priority, leaving our needs and challenges pushed to the side. However, I firmly believe that it doesn't have to be this way. We are not invisible, and it is our right to be included in emergency preparedness plans.

I see us as people - smart, vibrant, resilient, valuable members of society - each with our own dreams, passions, and aspirations. We should never be left behind or treated as less than equal. It's time for us to assert our rightful place in emergency response efforts and ensure that our unique needs are both acknowledged and addressed.

When a crisis hits, the risks we face only multiply. Our support systems crumble, access to harm reduction services becomes scarce, withdrawal symptoms may become uncomfortable or unavoidably horrible, and the stress and trauma of the situation can lead to increased substance use in a time where being impaired can be quite dangerous. It's during these times that we need support the most. By focusing on harm reduction projects and ensuring our safety and well-being, we can minimise the harm associated with drug use in natural disasters and protect ourselves and our mates.

Which is how this project all started. A few years back, I went through the devastating 2022 floods and the 2019 fires. It was a tough time. I found myself feeling isolated and in desperate need of support. The thing is, I felt like I couldn't speak to anyone about needing support around substance use and if I did no one seemed to understand or know how to provide the help I needed.

I remember sitting around with my friends, who are also my peers, and we were all sharing our struggles during those floods and natural disasters times. It hit me right then and there. I decided to be the one to create the change we so desperately needed in the emergency preparedness scene.

I wanted to create a space where people who use drugs could be seen and heard. A space that didn't just acknowledge our existence but actually provided the support we needed. I wanted to spread some positivity and start changing the narrative that we've become so accustomed to - being forgotten and not acknowledged.

And that's where this booklet comes in. It's not just for me or for you, it's for anyone who uses substances or has friends and family who do, whether it's prescription or illicit. This booklet is for the fighters, the dreamers, the outcasts. It's for every single one of us, because we are important. We are no longer invisible. We are no longer just statistics. We are individuals with stories, dreams, and a desire to be included in emergency preparedness plans.

I want you to know that I see the strength within each of you, the potential for greatness, and the ability to overcome any obstacle. We are a community of warriors, and together, we can create a world that recognises and supports us for who we are.

Let us become the driving force behind emergency preparedness, creating initiatives that are by PWUD, for PWUD. We have the knowledge, experience, and strength to make a difference in our own lives and in the lives of others. I believe in us and our potential to create a community that values every single one of us, regardless of our circumstances.

Your struggles, dreams, and journey all matter. This booklet is a resource that I hope brings you the support and peace that it has brought me throughout the process of creating it. Together, let's keep pushing forward and continue to be the change we want to see. We can create a world where no one feels forgotten or left behind.

Thank you for being a part of this incredible journey. Your presence and support mean the world to me.

With love and gratitude,

Jaye

forgot ten

Like clockwork

NO

M

O

R E

**illicit drug users
are humans too**



WHAT HAS YOUR EXPERIENCE OF DISASTER BEEN LIKE?

"After the floods and the bushfires, we were either stuck at friends places who weren't necessarily supportive, or in emergency centres... the fear and stigma of being a parent in a disaster when you're on medication or taking substances and you're at risk of going into withdrawal and you're there with your kids in tow... the level of discrimination and judgement you receive in an already stressful situation is just horrendous..."

"I remember standing on top of the house - thinking, 'oh this is it, we have to go' - it was just destroying everything in its path - it was pretty scary. Flames higher than the rooftop, it was scary. I remember the choppers - it was like the war had just finished. So surreal... I remember the eerie quality of the quiet."

"I put medications away for a rainy day since the floods - first I tried putting aside my methadone but that just meant I suffered in my mental health and my studies as well as my social life, then I started reducing my medication for my anxiety just so something is there in case theres a disaster. It just creates such a deep seated fear and anxiety. When you're already stigmatised about this, it's so scary to voice your needs..."

"In those situations... I just remember feeling exposed, everyone knows everything about you, like there's nowhere to hide."

"It's terrifying, it terrifies me. I feel dehumanised, and so do many people I love. I feel that emergency planning needs to include our needs - we are just "junkies" to them, what about our health rights? There's no action. There's no heart in it... and its more than just isolated disasters - its the cumulative impact of this continuous state of disaster - our "normal" has changed, we're all living so stressed and so impacted."

"There are so many additional layers like domestic violence... because of the pressure and stress of disasters. But at the end of the day I feel like a lot of people think disasters are a good opportunity to get rid of a few junkies... It becomes a fend for yourself situation, you're forced to fight for yourself, youre alone, a lot of fractures in relationship and community. I'm tired of being stigmatised against - always judged the same way no matter who it is, im just so. Tired."

PRACTICAL SUPPORT

Make sure you sign up for emergency warnings. The earlier you know, the sooner you can act and the safer you'll be!

Some useful apps for emergency information:

- Emergency+
- Bureau of Meteorology (BOM)
- SES Assistance Queensland
- Red Cross First Aid
- Higgins Storm Chasing
- ABC radio (ABC is the official emergency broadcaster)

DISASTER KIT

Prepare a Disaster Kit ahead of time so when you need to go, you can!

Store in a waterproof bag or container and check it regularly.

- Food and water
- Warm, waterproof clothing and comfortable shoes
- Sunscreen and sun protection
- Torch and batteries
- Mobile phone
- Hard copy of important phone numbers - emergency contacts, dealer, support network, local services
- Device chargers and battery packs
- Battery or wind-up radio
- Medication, Substance/s of choice
- Prescriptions
- Tools for use - sterile equipment, sterile water, alcohol wipes, fits, rolling papers and filters - pack extra of everything in case you get stuck!
- Naloxone - overdose can be more likely in emergencies! Be prepared to help yourself and others. There's a QR code to a training video is in the resource section at the end of this booklet
- Toiletries
- Hand sanitiser and disinfectant wipes
- First aid kit
- Pet essentials
- Passports/ Photo ID
- Documents - Wills, Licences, Marriage and Birth certificates, Scans or photocopies of other important documents
- Baby essentials (wipes, toys, nappies, blankets, a baby sling, medication, formula)
- Activities for kids (eg, comfort toys, cards)
- Cash

WHAT HAPPENS IF YOU GET STUCK?

Unfortunately, disasters come with a much higher risk of unwanted withdrawal. It's not fair and it sucks. Here is a list of common withdrawal symptoms, and some suggestions from peers to make yourself more comfortable while you weather the storm.

WITHDRAWAL INFO

Come downs, crashes and withdrawal symptoms

- depression
- anxiety
- fatigue
- agitation
- appetite changes
- sleep habit changes
- vivid or unpleasant dreams
- paranoia
- muscle aches
- suicidal thoughts
- Itchy and watery eyes
- dry mouth
- hot and cold flushes
- sweating and goosebumps
- feeling anxious or irritable
- cravings
- nausea, vomiting, diarrhoea

Things that can help

- sleep
- simple, mindless activities
- cold shower
- hot bath
- nourishing food
- vitamins - vitamins C, D & B's, zinc and magnesium can help symptoms
- drink lots of water
- gentle physical activity
- emotional support
- medications or herbs that ease pain and promote calm and rest
- some herbs recommended by peers include - chamomile, passionflower, kava, lemon balm, valerian, ashwagandha

Please note that it would be best to consult a healthcare professional about the best withdrawal support - natural and over the counter medicines still have risks and contra-indications.

That said, we know that disasters often catch you unawares, that you may not be able to access many of these strategies or supports in a crisis, and no amount of tea or exercise is going to make unwanted withdrawal a walk in the park. It is okay if all you can do is the best you can with what you have at the time.

Some things - like alcohol or benzodiazepines - have withdrawal symptoms that are potentially highly dangerous. If this is a risk for you, you will need to notify emergency services as soon as you possibly can.

"I'm so worried about withdrawing - I'm even having dreams about coming off medications since the floods... So many people have dual diagnosis... and we all have fears of doctors closing and not being able to access services. Then prescribers are so tight - they won't be flexible with dispensing... and there is often such poor communication between doctors and pharmacists."

DREAD

HOW

New Choices

PATIENTS.
NOT PRISONERS

STRANDED

EXPOSURE

REMOTE
POSSIBILITIES

FIGHT

LEI
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new and
emerging
drugs



entire surface of the Earth is an immense 'sea' of air, extending to a height of about 50 miles. This covers the entire atmosphere. It consists of three layers: the troposphere, which stretches from sea level to between 5 and 10 miles up; the stratosphere, which extends from between 5 and 10 miles to 50 miles up; and the ionosphere, which lies beyond.

The air becomes 'thinned-out' as you move away from the Earth's surface. The oxygen that air contains is essential for all living creatures, so that man cannot survive at some heights.



ADVOCACY

Given the gaps in the emergency response systems for PWUD, and the pressures that disasters put on people and infrastructure, a big part of preparation for disaster is advocacy planning.

This can look like:

Speaking to your local service providers about how they could support you during an emergency. What additional supports are available? Telehealth counselling? Material aid?

Speaking to your GP and pharmacist about their emergency processes - Do they stay open? Would they do remote prescribing? Would they deliver medications to your area if possible? Would they help you advocate with emergency services if needed?

Many PWUD have concerns about the police due to a fear of being criminalised. Disasters do increase the likelihood that we will come into contact with police and other emergency services - including the military, depending on the scale of the disaster. This can be very impactful for many people, including people who have trauma related to experiences of war.

It is important to think in advance about how this might affect you so that you can prepare yourself mentally. You don't want to risk your life in an emergency in order to avoid contact with the police or emergency services - and ultimately, your safety is the most important thing.

- Talk to your supports about your feelings and fears, and plan how you will navigate emergency responses together.
- Have a buddy system - someone who will be with you in an emergency and support you if you do need to engage with police or emergency services
- Research your rights with police so you feel more equipped
- Document your engagements with police and emergency services, particularly if you feel you have been mistreated or discriminated against.

"Fear of increased surveillance from police... might mean you're less likely to leave, but you gotta be safe, your life is the most important thing."

"In an emergency, the primary focus of emergency services should be to ensure your safety, not criminalise you or give you a hard time. "

MENTAL HEALTH

As we mentioned at the start - the cumulative impact of disasters and major events has had a big toll on our collective mental health. Disasters are very volatile, high impact events. Disaster readiness means thinking about how we will navigate crisis, and how we will look after ourselves and each other in the aftermath of disaster.

"Peer support is vital - peer support groups specifically around increasing a sense of community especially for people who feel more shamed and isolated - it could be anonymous/online, just ways for people to connect and build resilience."

"increased fear, rinsed out adrenals, increasing survival dread.. increased isolation - a sense of 'fending for yourself' which exacerbates isolation and can intensify shame and internalised stigma. the 'never ending stream' of actual existential crises!"

"Reach out for support if you can to people who aren't in the thick of the disaster experience - the people around you might be very stretched... and if you talk to people outside of it you can get out of that tunnel vision perspective."

"I worry that disasters increase loneliness, that it heightens peoples experience of feeling disposable, like they don't matter"

"When we anchor ourselves in natural settings and feel connected to the earth and see it ravaged - how do we find solace and hope in a larger concept of time, loss and renewal?"

"Now awareness is slowly growing there are more peers and peer community... The messaging needs to start explicitly combating fear of people who use drugs, so that when disasters happen we have access to the same level of community without stigma or shame - it's community that saves you really, we're nothing without access to each other."

"Disaster readiness and planning needs to include provision for people detoxing and going into withdrawal - what happens, how to help, how to reduce stigma and shame.... I know people who have ended their lives to stop the pain of withdrawal, because of the intensity. Shame takes lives"

"The fear of being visible - the fear of stigma, of being forced to disclose."

RELATIONSHIP RESILIENCE

Talk to your friends, family and support network about disaster readiness. Emergency events can be incredibly stressful and place pressure on our relationships - but at the same time, our relationships are what we rely on to survive and recover.

"Your relationship with yourself is the most important - think about what your coping mechanisms and stress responses look like... think about your capacity to support other people as well."

"A lot of my friends didn't know I was on the program... I considered hiding it but I was so sick and it was so stressful, in the end I broke down. Luckily the friends I told were supportive... maybe because at the time we had much bigger fish to fry. If I could do it again I would have thought about that in advance - who knew, who didn't know, who I could consider telling, who was safe and who I would need to rely on for support."

"Raising awareness and visibility of these issues in community - we need to know our neighbours, and build community from the ground up... Chances are even if drugs or alcohol weren't playing such a big role in your life, when disasters happen - that level of fear and chaos - people turn to substances to self-medicate, its a natural human impulse, to not be in pain."

"Expect that during and after a disaster your capacity will fluctuate and that's normal. There will be new triggers and stressors, so many of your choices will be limited and your capacity will be stretched. Be patient."

"You need safe people who are aware of what your needs are and what might happen in a disaster - that has to include more withdrawal and detox awareness - and more safety planning around that."



SERVICES/CONTACTS

What do we want services to know?

Services and providers have the power to act to help us prepare for and navigate disaster - to alleviate suffering. Would your current provider be willing to discuss disaster preparedness with you? Do you feel able to bring this up? If not, are you in a position to look for another provider or prescriber?

If not - we are sorry. Your health rights should be upheld at all times, especially in crisis when you need the most support. Are there other things, like those suggested in this zine, that could help you feel more prepared?

If you experience a disaster, and you were put at risk because service providers did not help you, or discriminated against you, you are entitled to make a complaint. Peer led organisations like QUIVAA can help you do this.

More information here (scan QR to go directly to the site below):

<https://www.qld.gov.au/health/contacts/complaints>



"We just felt like no one cares... The whole system is so fragile - I reckon it just cracks under the weight of natural disaster... and we fall in."

"Prescribers need to be more accommodating and flexible and make emergency accommodations - disasters are not the time to be tough and punitive on people's doses... when people are pushed into withdrawal off substances or medications it puts them and all the people around them at risk."

"The onus should be on those in power to get ready, for everyone - why do we always get left out? I saw someone repeatedly jump into a river because he wanted to be close to a hospital so he could get his dose."

"Services need to be aware that during disasters people will be withdrawing and detoxing and presenting to services when they were previously unknown - that it could be a hidden factor when people present as sick or unwell."

"Services need to be really proactive in reducing stigma and letting people know that they are safe to disclose and that they will be supported without judgement or discrimination."

"If you are a health provider responding to a disaster you need to uphold the health rights and dignity of all people - including people who use drugs. Your first responsibility is to do no harm - and do you know how much more harm you can do with your judgements??"

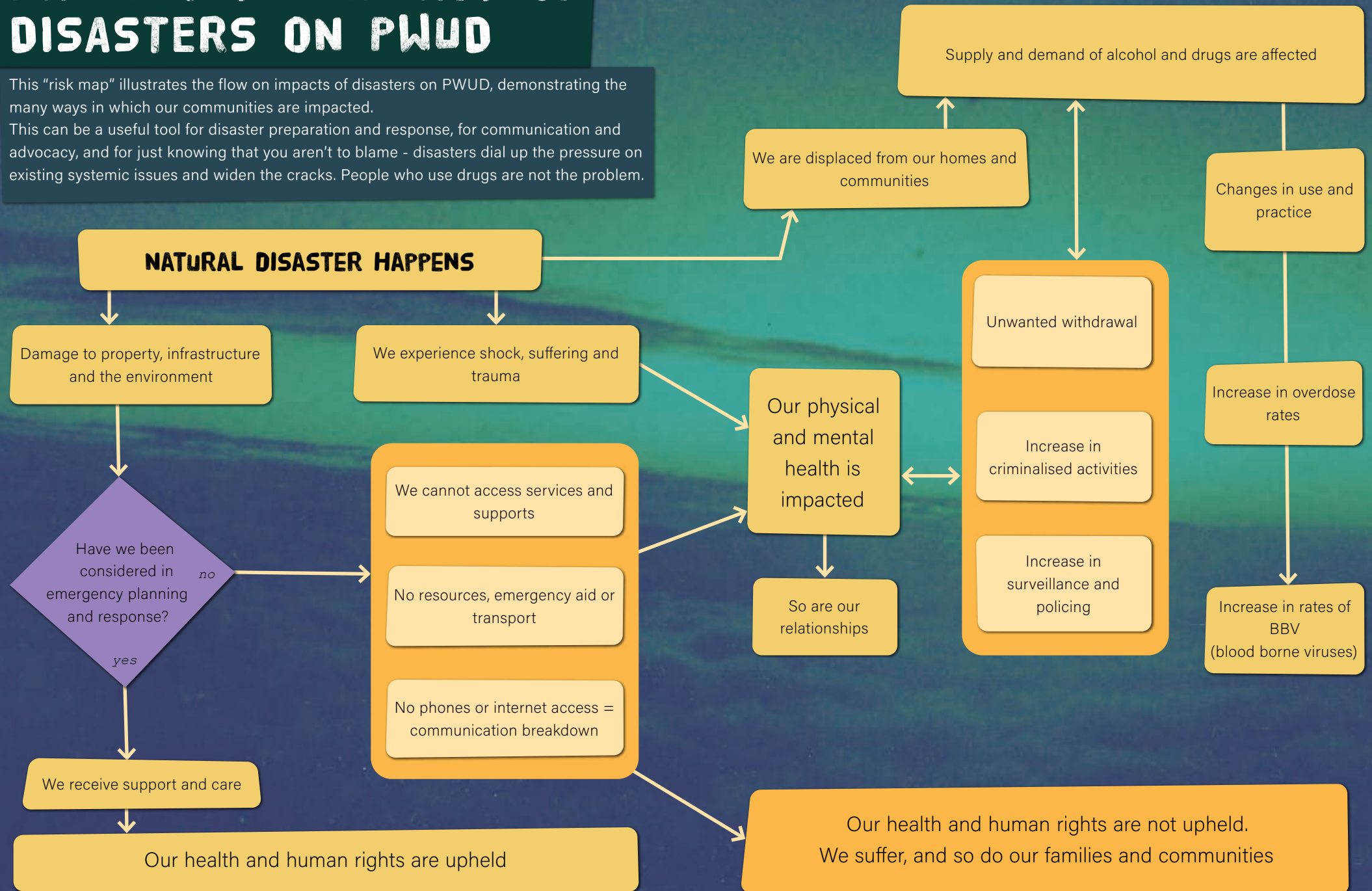
"During emergencies - mobile dispensing, telehealth for scripts, being aware of the barrier to access that stigma creates, flexible service delivery, additional mental health support."

"If its a real disaster scenario, we need opiod therapy alternatives like viceptone where we can have access to a month long script."

"We need pharmacies and hospitals to deliver medications in the case of natural disasters - people need their doses taken out to them if they are isolated. Services need to reach out to people that are finding it hard to be seen or heard - and I think this is happening now more so than ever - the last 15-20 years have seen so much disaster - people are more exhausted, more vulnerable."

MAPPING THE IMPACT OF DISASTERS ON PWUD

This "risk map" illustrates the flow on impacts of disasters on PWUD, demonstrating the many ways in which our communities are impacted. This can be a useful tool for disaster preparation and response, for communication and advocacy, and for just knowing that you aren't to blame - disasters dial up the pressure on existing systemic issues and widen the cracks. People who use drugs are not the problem.



HARM REDUCTION TIPS FOR DISASTERS

Be mindful that disasters affect the availability and supply chain of drugs and alcohol, as well as disrupting access to known and trusted sources. Your gear may change significantly - Start low and go slow!

During floods, water contamination and sewerage are a big problem. Keep your meds, your gear and your kit in a dry bag - make sure to include plenty of filtered water. You don't want to have to chuck out wet gear or risk getting sick from cross-contamination.

Space out your supply to lessen the chance of going into full withdrawal - you might be stuck where you are or without access for days or weeks.

Think about where you use - if you have the option, wait to use until you are somewhere safe and dry. Using in standing water or in a flood-prone spot can increase your risk of accidents or cross-contamination.

Enforced breaks and high levels of stress can impact your tolerance and the way you use - some of the reasons rates of overdose tend to go up during and after disasters.

It's a good time to go back to harm reduction basics - starting slow, not mixing alcohol and drugs (including prescription meds) and not using alone. If you can, bunker down with a buddy and support each other through the disaster.

Think about safe sharps disposal - it's often community volunteers who clean up after floods, so now is not the time to get slack! Make sure you have sharps containers (or another puncture-proof container) in your disaster kit.

We keep each other safe! Make sure you have Naloxone handy and know how to use it. Check the resource section of this booklet for a link to a training video.

Knowledge is Power - Prevention is Key - Community is Everything

DISASTERS AND ODT (OPIOID DEPENDENCE TREATMENT PROGRAM)

If you are on the program or using opioids, the best disaster harm reduction strategy is prevention - Talking to your doctor, pharmacist and other services and supports about disasters and making a contingency plan ahead of time.

Ask your prescriber if there is a back-up prescriber in the event of emergencies - you are entitled to ask this and to be proactive about your own healthcare!

Write down any questions you have for your doctor before the appointment so you don't forget anything. It can be really upsetting to be met with mistakes or delays and the system can be frustrating - think about additional supports you can put in place like bringing someone with you or using a service like PeerQnect.

Get to know your health rights as a Queensland ODT consumer - check our resource section for a link to more information. Join QuIVAA as a member to stay informed on changes to policy and opportunities to be involved in system change!

If you are not on the program but need to access it due to disaster you will have to present to hospital, or find a prescribing doctor. You may face some challenges - medication supply across hospitals can be inconsistent and Alcohol and Drug Services may be harder to access during emergencies. It is a good idea to research the local services in your area and find out ahead of time what your best course of action might be.

If you are already on the program, write down your prescriber and pharmacist's contact details (including their phone, fax and email) on a piece of cardboard and keep it in your wallet or purse. On the same card, list important phone numbers such as Peer Qnect, ADIS and Office of Health Ombudsman.

Be aware that during disasters, picking up your dose may be risky, difficult or impossible. Accessible chemists are often faced with a huge surge of demand, and power outages mean that online systems for managing scripts are often down. If you are able to access a chemist, you may need to pay in cash if online systems are down.

If you need advice, advocacy support or information you can contact
PeerQnect on 1800 175 889

RESOURCES

Peer Organisations

Hi Ground

<https://www.hi-ground.org/>



QuIHN

<https://www.quihn.org/>



QuIVAA

<https://quivaa.org.au/>



Red Cross Emergency Guidance

Practical help and resources to use before, during and after emergencies.

<https://www.redcross.org.au/emergencies/>



Naloxone training video

Preparing and administering naloxone nasal spray

<https://youtu.be/ID-vaEJ-Begvvv1>



Queensland State Emergency Service

State Emergency Service contact page

<https://www.ses.qld.gov.au/contact-us>



ADIS 24 hour drug and alcohol support line

1800 177 833

Adis QLD Homepage

<https://adis.health.qld.gov.au/>



Mental health support

Lifeline

13 11 14

<https://www.lifeline.org.au/>



Beyond Blue

1300 224 636

<https://www.beyondblue.org.au/>



QLife

1800 184 527

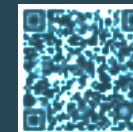
<https://www.qlife.org.au/>



Shared Care and Temporary Prescribing information

PDF file link:

https://www.health.qld.gov.au/_data/assets/pdf_file/0018/1211544/fs-qotp-prescriber-types.pdf



Quivaa membership - join us!

Webpage:

https://quivaa.org.au/support_membership/

Email:

admin@quivaa.org.au



SHADOWS OUT OF THE

A story I like

PRESCRIPTION DRUGS

Delusional you

OVERDOSE...

New

PEACEKEEPING TRENDS

HOME TRUTHS

People WHO USE DRUGS

'What people don't understand

matters

WE NEEDS YOU!

WE HAVE A UNIQUE HISTORY

WHAT WOULD IT TAKE?

SOLUTIONS

To be a success, we had to build a realistic alternative

WHAT'S THE ALTERNATIVE?

EXPOSURE

makes a difference.

United We Are Unstoppable

save lives

A GIFT FOR FUTURE GENERATIONS

KEEP YOUR REBEL SPIRIT ALIVE



QuIVAA Inc. is a drug user organisation dedicated to advocating, educating, and raising awareness about the health and human rights of people who use drugs.

QuIVAA prioritizes the development, support, and promotion of policies, training, and programs aimed at ensuring equal health and human rights for people who use drugs and their communities throughout Queensland.

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Australian Government



Queensland Government