

February – May 2016



Supporting families affected by alcohol and other drugs

The advertisement shows a family of five (two men, two women, and a child) embracing each other. The background is dark with various drug names listed in a light, semi-transparent font, including LSD, CANNABIS, ICE, HALLUCINOGENS, COCAINE, HEROIN, STIMULANTS, ALCOHOL, MARIJUANA, CRYSTAL, AMPHETAMINES, ECSTASY, BATH SALTS, and METH. Overlaid on the family are the names 'ANNA', 'CAIN', and 'CRYSTAL' in large, bold, blue capital letters. At the bottom, the text 'DRUG USE CAN HAPPEN IN ANY FAMILY' is written in white, with the website 'nationalfdsday.fds.org.au' below it. On the right, there is a blue speech bubble with 'let's talk' and a white badge that says 'FAMILY DRUG SUPPORT DAY 24 FEB'.

DTF
Damien Treanor
Foundation

**australian
drugFOUNDATION**

Healthy people.
Strong communities.

WHOS
Healthy people. Strong communities.

agility

CommonHealth



INDIVIOR



FDS
FAMILY DRUG SUPPORT
Supporting families affected by alcohol and other drugs

Family Drug Support Line 24/7 – Phone 1300 368 186

T: (02) 4782 9222 F: (02) 4782 9555 W: www.fds.org.au ISSN: 1833-4997

Contents

Family Drug Support Day	1
Insights out	2
1 st National Family Drug Support Day	3
Behind every drug user is a family	5
National Family Drug Support Day	8
Heroin making comeback	9
Like us on Facebook	10
End of an era – Farewell Pam Morris	11
Thank you FDS from Pam	12
Music festivals and drugs	14
Heroin use could be making a comeback	17
Family Drug Support website	18
Zero tolerance to drugs not working	19
Events diary	20
Family Drug Support Day information	22
Alcohol and domestic violence	23
Philip Morris advertisement	25
A case for safe drug-injecting rooms	26
The group	27
Heroin users access to ‘life saving’ drug	28
News from overseas	30
Memorial corner	36
2016 subscriptions now due	38
Don’s reviews	39
Not my family never my child	40
Need help	41
Family support meetings	42



1st National Family Drug Support Day



Farewell Pam Morris



Alcohol and domestic violence



Truth behind Manchester NYE photo



NATIONAL FAMILY DRUG SUPPORT DAY

24 FEBRUARY

Details and registration : <http://nationalfdsday.fds.org.au>

"Any family anywhere in Australia, regardless of background, economic and other circumstances can be affected by drugs. We hope this new annual event will reach members of the community and change some of the negative attitudes that exist."

Tony Trimmingham, Founder and CEO of Family Drug Support

"The weight of the world was on my shoulders. We were so ashamed and alone- then we found support and things changed"

Viola – Mother

"What a difference it made being able to talk and have someone listen with empathy and not tell me I was a bad parent or my approach was wrong. I can ring anytime and get stuff off my chest"

Carlos- Father

INSIGHTS OUT



Happy New Year to all of you. I hope that 2016 is better across the world and we see peace, stability and optimism rather than the negativity of recent times.

This *Insight* is focused on the National Family Drug Support Day initiative. This is a great opportunity to highlight the importance of supporting families to attack decriminalisation and help make positive changes regarding alcohol and drug issues.

Having now organised the Canberra and State events and having key organisations and

governments supporting the events, it is now important to get people there in numbers. Please come and show your support.

The event will go for about one hour with short speeches from key people, including family members. To register, please fill out the enclosed form or book online by clicking on the link at the webpage at <http://nationalfdsday.fds.org.au>

Please support us by making a statement about the imperative of families and family support by coming along to an event. We would also like you to post something on the message board.

We value your membership so if you have not already renewed, could you please support us by attending to this ASAP, either by completing the subscription renewal form, calling the office or via our website.

Thanks – Tony T



ANNOUNCEMENT

1ST NATIONAL FAMILY DRUG SUPPORT DAY
24TH February 2016



The inaugural National Family Drug Support Day will be held on Wednesday 24th February.

The event will be celebrated at Parliament House Canberra at 10am and there will be other State events held around Australia. For updated details on all events go to <http://nationalfdsday.fds.org.au/>

Drugs affect all members of the community but it is the families and drug users themselves who bear the brunt of the problems. The National Day will deliver some key messages for affected families.

Tony Trimingham - Founder and CEO of Family Drug Support stated:

'Any family anywhere in Australia, regardless of background, economic and other circumstances can be affected by drugs. Drug users and their families are often misrepresented, stereotyped and discriminated against. Families struggle with the negative effects of drug use. This is a barrier to them seeking help and support and hinders the prospect of positive outcome. We hope this new annual event will reach members of the community and change some of the negative attitudes that exist. We also hope it will encourage affected families to reach out for support – Let's Talk'.

Mr Trimmingham also said *'Criminalising drug use has the opposite effect of what is intended. It hinders progress, wastes valuable resources and adds to the burdens carried by families. We hope to increase the understanding of dealing with drug use in the way the disability and mental health sectors have been successful in achieving!'*

As well as the key themes of:-

- 1) Reducing shame, stigma and discrimination for families
- 2) Promoting support services for families and friends affected by drug use
- 3) Promoting harm reduction to keep people safe

We also will be highlighting

- 1) The importance of volunteers in providing family support across Australia
- 2) Reducing fatal and non-fatal overdoses and other critical incidences as a result of drug use
- 3) Promoting greater support and resources for treatment services
- 4) How by giving people support and education can help families develop skills and strategies to deal with issues arising from drug use

There will be key speakers at each event and to keep up to date with speakers, events and other information on the National Family Drug Support Day please visit our website regularly for updates <http://nationalfdsday.fds.org.au/>

We would also like to acknowledge the vital support of sponsors and supporters. These are important organisations and networks that will help families have the confidence to reach out and talk.

Please see Our Sponsors at <http://nationalfdsday.fds.org.au/our-sponsors>

- ❖ Indivior
- ❖ Australian Drug Foundation
- ❖ We Help Ourselves (WHOS)
- ❖ Ogilvy CommonHealth

Please see Our Supporters at <http://nationalfdsday.fds.org.au/our-supporters>

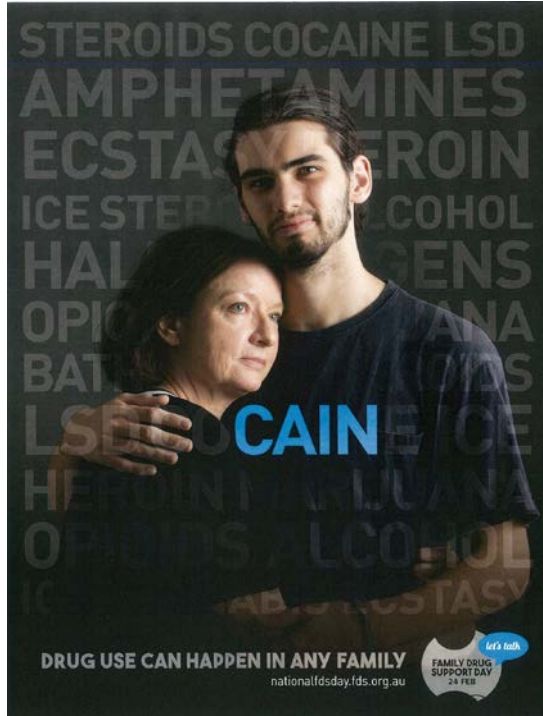
- ❖ Alcohol & Other Drugs Peak National Network
- ❖ Australasian Therapeutic Communities Association (ATCA)
- ❖ Australian Drug Foundation (ADF)
- ❖ Australian Indigenous Doctors' Association (AIDA)
- ❖ Australian Injecting & Illicit Drug Users League (AIVL)
- ❖ Damian Trimmingham Foundation (DTF)
- ❖ Drug & Alcohol Multicultural Education Centre (DAMEC)
- ❖ Harm Reduction Australia (HRA)
- ❖ National Aboriginal Community Controlled Health Organisation (NACHHO)
- ❖ National Indigenous Substance Misuse Council (NISMC)
- ❖ Pharmacy Guild of Australia (PGA)
- ❖ ScriptWise
- ❖ We Help Ourselves (WHOS)

For more details of the event and how to become involved please contact FDS on 02 47829222 or Tony Trimmingham on 0412 414 444

MEDIA RELEASE

Behind every drug user is a family

18 January 2016



In 2012 the ABS reported that there were over 1,400 fatalities due to drug use (excluding alcohol and tobacco).

All across the country families have been left devastated by these tragedies.

NSW	VIC	QLD	WA	SA	TAS	ACT	NT
485	317	292	170	98	40	23	9

The truth is that many of these deaths were preventable and the failure to do so has families having to now deal with ongoing grief and stigma created by loss of a family member to drug use.

Tony Trimingham - CEO and founder of Family Drug Support and organiser of the National Family Drug Support Day on the 24th February said today:

"Behind every statistic, at least ten other people are affected and in all our efforts to deal with Australian drug issues we have to make sure families are not forgotten. We have to ensure families aware that support is available and accessible.

The National Day will focus awareness on the importance of family support and will help reduce the number of drug fatalities and other negative impacts and harms from drug use. It is essential that Australia commits to assisting families to cope and be effective in dealing with drug users!"

Mr Trimingham who lost his 23 year old son Damien to a heroin overdose in 1997 and added:

"When someone dies it is the end of hope- but not the end of pain. Too many families have suffered the grief due to fatalities- over 20,000 in the 19 years since Damien died."

February 24 is the date for families and to recognise the day.

For details of the event and registration go to <http://nationalfdsday.fds.org.au>

For enquiries please contact FDS on 02 47829222 or Tony Trimingham on 0412 414 444

We would also like to acknowledge the vital support of our sponsors and supporters.

- ❖ Indivior
- ❖ Australian Drug Foundation
- ❖ We Help Ourselves (WHOS)
- ❖ Ogilvy CommonHealth
- ❖ Damien Trimingham Foundation (DTF)
- ❖ Alcohol & Other Drugs Peak National Network
- ❖ Australasian Therapeutic Communities Association (ATCA)
- ❖ Australian Indigenous Doctors' Association (AIDA)
- ❖ Australian Injecting & Illicit Drug Users League (AIVL)
- ❖ Drug & Alcohol Multicultural Education Centre (DAMEC)
- ❖ Harm Reduction Australia (HRA)
- ❖ National Aboriginal Community Controlled Health Organisation (NACCHO)
- ❖ National Indigenous Substance Misuse Council (NISMC)
- ❖ Pharmacy Guild of Australia (PGA)
- ❖ Scriptwise

AMPHETAMINES
ECSTASY HEROIN
STEROIDS ALCOHOL
CANNABIS
HALOGENS
URIC ACID MARIJUANA
CRYSTAL
STEROIDS
BATH SALTS STEROIDS
LSD ICE ALCOHOL

DRUG USE CAN HAPPEN IN ANY FAMILY

nationalfdsday.fds.org.au



Please join us to start the conversation about
supporting families at the inaugural
National Family Drug Support Day

Date: 24th February 2016
Time: 10-11am
Venue: Parliament House
Courtyard 27J, Canberra

Light refreshments provided



Keynote address by Tony Trimingham OAM
CEO and Founder of Family Drug Support

Other speakers include:

- Parliamentary representatives
- Debbie (family member)
- Garth Popple (WHOS & ATCA)

"Any family anywhere in Australia, regardless of background, economic and other circumstances can be affected by drugs" – Tony Trimingham OAM

Register your attendance at:
nationalfdsday.fds.org.au/event-registration

Registration essential by 17th February

For more information visit
nationalfdsday.fds.org.au

 **CommonHealth**

 **australian
drug FOUNDATION**

DTF
Damien Trimingham
Foundation

 **INDIVIOR**

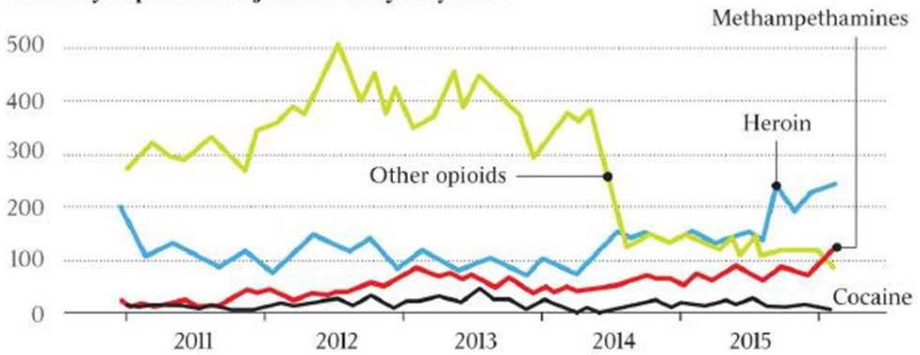
Healthy people.
Strong communities.

WHOS
helping people help themselves

Heroin making comeback as painkillers become non-injectable

Dan Box, *The Australian* (18/1/16)

Monthly supervised injections at Sydney clinic



Source: Sydney Medically Supervised Injecting Centre

Heroin is making a return to the inner cities, with frontline support services and police seeing evidence of increasing use decades after the drug reached crisis levels across the country.

The number of people using heroin at Sydney's Kings Cross injecting centre in the past six months has increased almost 60 per cent, to an average of 2247 a month, compared with the first half of last year.

The number of overdoses from opiate use at the centre has risen in line with this increase, to 416 during the second half of last year, although no one has died as a result.

Police in several of the city's inner-city suburbs are also seeing evidence of an increasing amount of heroin on the streets, while calls to the national Family Drug Support phone line

suggest this impact is being felt in other state and territory capitals.

Experts believe the increase may be linked to the introduction of new forms of widely used prescription painkillers, specifically oxycodone, which prevent them being injected. The use of these opiate-based medications has soared in Australia in the past decade and some of those hooked on legal drugs may now be turning to heroin to feed their addiction.

The head of the Australian Crime Commission, Chris Dawson, has warned that Australia may follow a trend seen in the US, where oxycodone use is widely seen as fuelling a heroin epidemic.

Speaking at the National Policing Summit in Melbourne in August, Mr Dawson pointed to the increase in US heroin deaths, which have more than

doubled to 8260 annually over the past five years. 'I posited the question to the police officers in the audience as to whether this was something we should be vigilant about in the coming years,' Mr Dawson said later.

Few, if any, experts expect heroin use to return to the levels of the late 1990s and early 2000s, but any rise is worrying as the drug is more likely to cause fatal overdoses than either prescription painkillers or ice.

Heroin 'has been the most common injecting drug here for more than six months now and it hasn't been for years,' said Marianne Jauncey, the centre's medical director: 'It really is a double-edged sword. The reality is, from an overdose point of view, prescription opiates are safer.'

The decision to make naloxone, an antidote to overdoses, available over the counter from next month could play a vital part in responding to that threat, Dr Jauncey said.

Heroin's rise is also likely to inflame tensions over calls to build Australia's second injecting room in Melbourne following the success of Sydney's Medically Supervised Injecting Centre, which has helped reduce the deaths and disease associated with the drug.

Family Drug Support founder Tony Trimmingham said the number of phone calls received relating to heroin had doubled, to about 8 per cent, in the past year: 'We're getting more and more calls, and it's not just Sydney; it's Canberra, it's Melbourne and before long it will be everywhere.'

While opium production across Southeast Asia, the source of Australia's illegal heroin imports, is higher than a decade ago, law enforcement authorities believe crystal methamphetamine, or ice, is a greater concern today.

'It's something we certainly do keep our eyes on – the issues occurring overseas that can potentially impact the market here,' said Tony Cook, head of the NSW Police Drug Squad.

'We would never see heroin as not a threat, but the current threat seems to be meth, particularly ice.'

Australian Border Force chief executive Roman Quaadvlieg said it was too early to say whether heroin was likely to make a sustained return, but the next generation of illegal drugs were more likely to be amphetamine-type stimulants. 'The advances in chemistry, we're watching it change by the year now as opposed to by the five-year mark,' he said.



If you have a *facebook* page,
please
'LIKE' Family Drug Support
and help us reach more people.

End of an era – Farewell Pam Morris

Tony Trimmingham



The Stepping Stones course I ran in Port Macquarie in 2005 was significant for several reasons. The group was sponsored and supported by the local drug and alcohol service, and they had about 14 participants as I recall.

Theo Chang, who had been a telephone volunteer for a while and shown exceptional skills, and also lived in the region, was invited along to sit in on the group with a view to becoming a leader of the course. That was the start of a journey which continues, and Theo's contribution to Stepping Stones is enormous.

One of the participants was a quiet, and at this time, sad person named Pam Morris. She cried a lot as she told her own very difficult story. The group had many challenges, some of them being common to small town groups – centred on the fact that many of them knew each other and the relevant drug using family member.

As I said to Theo at the time, especially as these issues arose in the first weekend, my mantra is 'Trust the process!' Well, of course the group finished well and there was an obvious need for something to keep these people sustained.

The last person I expected to step forward was Pam, and quite honestly, despite her willingness, I thought the group might not last. Well, hasn't she proved me wrong!

Of all the people who have contributed to the success of FDS, Pam is right up there at the top, despite being burdened by her own family issues, a very debilitating illness, and also running a hairdressing business.

Pam came to Mulgoa a couple of times and was inspirational in talking about how to successfully set up and run a regional FDS service. Apart from running the support groups, and promoting and helping to run Stepping Stones, she has single-handedly raised thousands of dollars by knocking on doors and pleading for financial support. She also produced two very successful adverts for FDS. She is one of our respected life members.

Above all, Pam has been the embodiment of the FDS model and is a beautiful person. You will be missed, Pam. We wish you a happy retirement, and please keep in touch.

Thank you FDS

It is with sadness I have decided to retire from FDS after 11-and-a-half years of supporting the families of Port Macquarie and surrounding areas.

Looking back over this time at what I have achieved here. I feel very proud and can now walk away knowing it was all so worthwhile and the time is right to retire, although I know I will miss it very much.

When I would see someone walk into my support group looking very sad, with shoulders down to six months later walk in with a smile on their face, shoulders up then go around the group giving everyone a hug was what kept me going for so long. To support someone even in a small way towards change is so worthwhile.

Since starting FDS here, the support I have had has been amazing. Over the years we have received local funding from the clubs and council, which has enabled us to run 11 stepping stones, the former division of GPs organised a medical conference centred around drugs and families, also supported us in many other ways, the local community drug action team has promoted FDS at their family fun days each year as part of drug action week. There has been so much support and encouragement for myself as well as FDS I just can't thank everyone enough. That enabled us to support a huge number of families.

I have so many fond memories and also very sad ones which unfortunately is what we sometimes deal with at FDS.

In the early days of my journey I was so lacking in confidence but always passionate about providing help for families that were struggling.

Some of my fondest memories were in the early days when I would go along to Mulgoa so unsure of myself and along

would come Peter Baume to have a chat. He would be so very encouraging, always had me leaving the weekend believing in myself a little more. I will always treasure those talks.

Eleven-and-a-half years ago I attended the very first Stepping Stones in Port Macquarie. Tony came up to run it and Theo was training with him. I remember crying the whole of the first weekend [Theo often jokes with me that he christened a box of tissues after me]. When I went home at the end of that first weekend I felt such a relief that finally I wasn't alone and others understood what I was going through. That was when I made the decision to start FDS services here. I desperately wanted others that were living with the chaos, shame, isolation and everything else that goes with supporting loved ones to finally have access to help and support. I know I have achieved this for many and can walk away knowing I have played a small part in making their journey a little easier.

I must thank many people that have helped me over the years particularly Tony for your trust and giving me the opportunity to be a part of the FDS family, Theo for teaching me so much and your belief in me. Sandra, Fay plus everyone who has helped me along the way. I couldn't have gotten this far without all your support.

I have been so fortunate to meet so many beautiful, brave people along the way. We always admire and applaud heroes in the community. And rightly so.

But to me. I believe many of the families I have come across are heroes. To get up day after day and cope with so much crap and still support and fight for their loved ones no matter what, takes a lot of

courage and strength. All because they just want the best for them. It's a shame society can't acknowledge this.

Looking back over the years I can't believe my growth and it is thanks to all

the wonderful people I have had the honour to know. I know in my growth. I have become more real.

Thanks to FDS – Pam

STERIODS COCAINE LSD
AMPHETAMINES
ECSTASY HEROIN
ICE THERAPY ALCOHOL
HALOGENS
OPIOIDS MARIJUANA
BATHING SUITS STEROIDS
LSDOIDS METH
HEROIN CANNABIS
MARIJUANA OPIOIDS
STERIODS ICE ALCOHOL

CANNABIS

DRUG USE CAN HAPPEN IN ANY FAMILY
nationalfdsday.fds.org.au

let's talk
**FAMILY DRUG
SUPPORT DAY**
24 FEB

Music festivals and drugs: How would pill testing work?

Josh Butler, *Huffington Post* (30/12/15)

The calls for pill testing at Australian music festivals are growing louder, with drug advocates, medical experts and former drug squad police saying there is little but political will standing in the way of introducing such a system.



Pill testing, in place in various forms in certain parts of Europe, can be as simple as a litmus test indicating the presence of certain substances – for instance, ecstasy, MDMA, methamphetamine, heroin or poisonous cutting agents – up to sophisticated, laboratory-grade equipment that gives precise rundowns of the chemical ingredients in a certain substance. Pill testing regimes put forward by Australian advocates would not tell a potential drug user that a substance is ‘safe’ or ‘unsafe’ – they would give the user more information on that substance, for the user to then make an informed decision.

Emergency physician and drug expert Dr David Caldicott is leading the

charge. He wants permission to conduct a pill testing trial at an Australian music festival this season, telling The Huffington Post Australia of his frustrations such a program is not already in place.

‘This is not novel or scary or dangerous. The only people portraying it as such are fringe members of the prohibition movement and politicians terrified of engaging with anything on illicit drugs,’ he said.

‘This is so mainstream in Europe now, the European Union has had their peak drug body produce best practice guidelines to do pill testing. Dozens of countries in Europe do this already. As with marriage equality or climate change, we are leading the way in being backwards on this. I’m flabbergasted and my overseas colleagues are scratching their heads.’

How it works

Caldicott, who has been pushing for such a scheme for over a decade including running a trial at a South Australian festival in 2005, wants to bring in laboratory-grade equipment, with ‘the latest equipment, forensic analysts, supervised by doctors.’ He says he would set up shop in a visible part of the venue, asking potential drug users to bring their substance – pill, powder or otherwise – in for a test. The test takes between 20 and 40 minutes,

returning an accurate scientific analysis of the substance.

While that delay might seem a disincentive for festival-goers to use the service, Caldicott said the wait is actually equally as important as the test itself, giving drug experts the chance to talk to the drug user about their choices.

‘We bring you into the tent, a researcher talks to you about your pills and use, gives you some up-to-date info on the newer drugs out there and how to stay safe,’ he said.

‘We tell them the proportions of what’s in the pill – caffeine and cocaine, or if it’s poison or bleach or other cutting agents. It’s a balancing act between taking long enough to be useful and being fast enough they don’t lose interest.’

‘[Users] want to know what’s in their pills. The transaction and exchange is a moment of their time to talk about their choices.’

‘The kids see it as a game to elude the cops. If I can tell them that this stuff could hurt your kidneys for the rest of your life, who is more persuasive? The cops, or me?’

Will Tregoning, Director of Unharm, said the waiting period meant experts could give users information about drugs – such as a dangerous substance or pill known to be circulating inside the festival grounds – that could save a life.

‘It’s a way of providing a healthy intervention where people are taking

drugs. With multi-day festivals, with people camping there, a key part of the service is broadcasting to other patrons about what has been found at the festival, if some dangerous substances are circulating in that micro-market,’ he told HuffPost Australia.

Many websites exist where drug users post feedback, reviews and photos of their pills, warning against bad pills or advising they did not have bad reactions to others. Tregoning said drug users are already purchasing simple litmus test-style kits on the internet to check their drugs before taking them, but said the limited feedback from such a test was not enough.

‘You can purchase a test kit over the internet, they’re not illegal, but it’s essentially 19th century technology. It has quite significant limitations around operator error, misinterpreting the colour, using bad lighting, contaminating the substance – but more crucially it doesn’t give you precise info on the strength or quantity of a substance,’ he said.

Does it work?

Caldicott said research in Australia and overseas showed that pill testing does change behaviour of potential drug users, encouraging users to make safer choices.

‘When a punter is told their pill contained something other than they thought, two-thirds of them do something other than take that pill. This is occurring at the point they are about to consume the pill,’ he said.

Part of many proposed pill testing regimes is an ‘amnesty bin’ where punters can dispose of bad pills.

Caldicott said information about bad drugs would ‘spread virally,’ with alerts about very harmful drugs sent out to festival-goers by SMS and posted on big screens around the venue. Police have broadcasted similar warnings in the past, advising against red Superman pills in Queensland in February and – after the death of Stefan Woodward at the Adelaide Stereosonic festival – warning of orange pills with dollar signs which they said ‘may be related’ to Woodward’s death.



What are the legal considerations?

Opponents of pill testing have claimed the medical staff testing substances could open themselves up to drug possession charges, as well as citing duty of care risks over giving advice on pills that lead to a death or serious injury. Other arguments include police simply searching festival-goers in line for drug testing and finding illicit substances in their possession.

Frank Hansen, a former sergeant in the NSW Police drug squad, told HuffPost Australia that – in NSW at least – a pill testing program could come in with little legal ramifications and require no new legislation, only needing a

modicum of discretion from police. He would know; Hansen was on the force when NSW introduced its needle exchange program.

‘[Pill testing] can be accommodated but it’s down to discretion. We currently have cannabis cautioning, discretion around the needle and syringe program. When they brought that in, we were asking police to accommodate a public health program and provide some latitude for people in possession of a syringe or going to or from a needle exchange program,’ he said.

‘In 1985 around the needle program, the commissioner said to us ‘this is the policy on this program.’ It gave police very clear directions and parameters of that discretion.’

Hansen said issues around drug charges for pill testers, as well as allowing potential drug users to line up and have their pills checked without worrying about being targeted by police as they waited, could be overcome with directives from police management; but said that, like the supervised injecting room in King’s Cross, a pill testing program would be better supported by specific legislation mandating its legality.

‘Once you’ve got those things in place, that’s what police are there to do – to protect life and people. Part of that process might be a better mechanism [of testing],’ he said.

‘They would probably need to bring some law in for the testers, there is some public liability stuff there.’

Heroin use could be making a comeback

John Coyne, *Huffington Post* (6/1/16)



The findings in Odyssey House's latest annual report may be an early warning of changes in Australia's drug problem. like the canaries in the coalmines of yore. Defying logic, heroin use and abuse in Australia may be making a comeback.

Since 1979, Odyssey House has been one of Australia's leading drug treatment providers and are well positioned and qualified to make early calls on changes in drug-use patterns.

For over 10 years, Australia's national drug strategies have achieved unprecedented success in suppressing the demand and supply of heroin in our communities.

In the early 2000s, pop culture seemingly delivered a final death blow to heroin-chic. And so heroin was increasingly perceived as a junkie's drug by Generation X.

In Australia's popular culture, what celebrities do and what happens in the UK and US are important. And if this is true for Gen Y Australians, then increased heroin use shouldn't be a surprise.

The US Government's Centre for Disease Control and Prevention reported in 2015 that heroin use has increased across the US among men and women, most age groups, and all income levels. Alarming, the number of heroin-related overdose deaths in the US has quadrupled in the past 10 years. In short, heroin is now very popular in the US, a trend that should sound alarm bells for Australia's drug policy makers.

Since the early 1970s, heroin use and overdose among US celebrities has been common. Sifting fact from fiction regarding rumoured celebrity heroin use isn't easy. But the heroin overdose deaths of celebrities, such as Peaches Geldof and actor Philip Seymour Hoffman in 2014 are illustrative of the drug's increasing popularity and inter-generational attractiveness.

Bureaucrats and politicians are generally the last to realise that a change in the Australian drug market has occurred. It is civil society organisations like Odyssey House that see the changes first and offer early warning. It is the police, ambulance,

and health services workers who will then see the early impacts of drug trends first-hand.

Ignoring an early warning of a potential drug problem can be risky. In November 1991, a joint Australian Federal Police and Customs report warned the government of the threat of Ice, which at the time was a new drug on the market. Both agencies unsuccessfully lobbied the federal government to develop a campaign to stop its spread. And, as they say, the rest is history.

More often than not, policy action in the context of drug trends rises from media coverage. It drives change more effectively than warnings from police, doctors or social workers. By mid-2013, Australian politicians and bureaucrats had become increasingly concerned about the Ice problem. The media coverage of the ice epidemic in 2014 quickly motivated political action. Then in 2015 we had a National Ice Task Force and National Ice Action Strategy.

I don't think we need a rapid call to action in response to Odyssey House's report, or a National Heroin Task Force. At this early stage we need user research, criminal intelligence and a proactive open-minded bureaucracy.

Now that the early warning has been provided, it is the time for drug-user research. This research needs to focus on ascertaining whether there is a change in drug user preferences, and if so, what its trends are. Put simply, this research needs to focus on identifying if there is a problem and, if so, how we might proactively reduce demand and minimise harms.

Given recent United Nations Office on Drugs and Crime reporting has revealed that heroin production in the Golden Triangle is once again high, it is time for the Australian Federal Police, Australian Crime Commission and Australian Border Force to collect and analyse criminal intelligence on heroin in Australia and regionally. The focus of this body of work should be on identifying trends in heroin supply in Australia and how this might be reduced.

Finally, we need a bureaucracy and legislature that is willing to proactively invest resources to prevent a change in drug patterns. If this doesn't occur, there is a chance that in the future we might be facing a heroin epidemic, and asking ourselves how we sleepwalked into the problem.

Family Drug Support website

www.fds.org.au

For up-to-date information on drug support and activities

Zero tolerance to drugs not working: People ‘pre-load’ pills to avoid police at festivals, SA MP says

Leah MacLennan, *ABC News* (9/12/15)

A zero-tolerance approach to drugs is not working and harm minimisation techniques are needed, according to a South Australian Labor MP.

Following the deaths of two young people at Stereosonic music festivals in Australia recently, including one in Adelaide, Labor Member for Fisher Nat Cook has called for changes in the state’s approach to drug policing. She said having police sniffer dogs and police outside music festivals was forcing young people to make dangerous decisions.

Ms Cook has a focus on youth and substance abuse issues, after her son Sam Davis was killed in a one-punch attack. ‘I have been on the ground and I have talked to young people and the young people I’ve spoken to have told me that they pre-load multiple pills because they don’t want to get caught by drug dogs,’ Ms Cook said.

‘I think evidence from the weekend shows that only a few dozen pills were detected outside of the festival and then evidence from within the festival tells us that hundreds, even thousands, of pills made it into that festival.’

Opposition Liberal Leader Steven Marshall said Ms Cook’s comments were a massive departure from Labor Party policy. ‘Extraordinary comments from the Member for Fisher who is essentially having a go at the way that police go about tackling drugs in South Australia,’ Mr Marshall said.

‘I think the Government needs to come out today and rebuke her comments.’

Health Minister Jack Snelling said he supported Ms Cook, but when questioned would not repeat her views. ‘I don’t think there’s any doubt Nat Cook has worked incredibly hard with our young people and trying to protect our young people,’ Mr Snelling said. ‘All I’d say is I think the police are doing a very difficult job in very difficult circumstances.’

Ms Cook said she did not believe she was departing from Labor Party policy.

‘I believe what I’m doing is I’m bringing a message to the party room from the community that young people are telling me they’re still taking drugs, they’re still getting drugs into festivals,’ she said.

Despite advocating a harm minimisation approach, Ms Cook said she did not support pill testing at festivals. ‘I’d like to see good evidence to say that it actually does prevent death but what I will say is that I’m nervous about it from a personal point of view, my opinion is that we can’t guarantee that everything is going to get detected at that point,’ she said.

That is a position the Health Minister does agree with. ‘These kind of pills are very hard to detect and I think it’s a very, very important that our message to young people,’ Mr Snelling said. ‘Our message to society is very clear and unambiguous: illicit drug taking is inherently dangerous.’

Events diary

STEPPING STONES COURSES – www.fds.org.au

Unless indicated, the courses run over two consecutive weekends. Contact the facilitator (listed below) or Head Office 02 4782 9222 for more information.

5-6 & 12-13 Mar	SYDNEY NSW
9.30 am – 4 pm	Venue: Croydon Park Club, Function Room, 55 Seymour St, Croydon Park
	Enquiries: Tony 0412 414 444 or Head Office (02) 4782 9222
5-6 & 12-13 Mar	BRISBANE QLD
9.30 am – 4 pm	Venue: Shop 3, 521 Beams Rd, Carseldine (room in Australia Red Cross)
	Enquiries: Emily 0407 743 033 or Head Office (02) 4782 9222
19-20 Mar & 2-3 Apr (weekend break in-between)	GOLD COAST QLD
9.30 am – 4 pm	Venue: Palm Beach Neighbourhood Centre, 16 Third Ave, Palm Beach
	Enquiries: Dom 0419 689 857 or Head Office (02) 4782 9222
2-3 & 9-10 Apr	FRANKSTON VIC
9.30 am – 4 pm	Venue: Frankston Hospital, Hastings Rd, Frankston
	Enquiries: Debbie 0412 382 812 or Head Office (02) 4782 9222
14-15 & 21-22 May	ADELAIDE SA
9.30 am – 4 pm	Venue: Safe Place Training, 147 Goodwood Rd, Goodwood
	Enquiries: Devushka 0428 271 743 or Theo 0402 604 354

STEPPING FORWARD INFORMATION SESSIONS

Session 1: Stages of Change and 'Balance Pole'

Session 2: Alcohol and Other Drug Information

Session 3: Effective Communication

Separate modules can be provided for Treatment and Recovery, Boundary Setting and Dealing with Conflict, ICE Presentation and Engaging with Families Workshop. Each session runs for approximately two hours and are open to the public.

17 February	LEABROOK SA
25 May	Venue: Knightsbridge Baptist Church Hall, 455 Glynburn Rd, Leabrook
From 6 pm	Modules: 17 Feb – Stages of Change & 'Balance Pole' 25 May – Effective Communication or ICE
	Enquiries: Devushka 0428 271 743

Stepping Forward Information Sessions cont ...	
22 February	HINDMARSH SA
30 May	Venue: Anglicare SA, 184 Port Rd, Hindmarsh
From 6 pm	Modules: 22 Feb – Stages of Change & ‘Balance Pole’ 30 May – Effective Communication or ICE
	Enquiries: Devushka 0428 271 743
1 June	HALLET COVE SA
From 6 pm	Venue: Hallet Cove Baptist Church, 1 Ramrod Ave, Hallet Cove
	Module: Effective Communication or ICE
	Enquiries: Devushka 0428 271 743
21 February	KATOOMBA NSW
9.30 am – 4.30 pm	Venue: Katoomba RSL, 86 Lurline St, Katoomba
	Modules: Stages of Change and ‘Balance Pole’, Alcohol & Other Drug Information, Effective Communication
	Enquiries: Julie 0400 113 422
VOLUNTEER TRAINING	
30 & 31 January	ADELAIDE SA
9.30 am – 4.30 pm	Venue: Safe Place Training, 147 Goodwood Rd, Goodwood
	Enquiries: Volunteer Manager 0416 212 426 or (02) 4782 9222
13 & 14 February	MELBOURNE VIC
9.30 am – 4.30 pm	Venue: Inner Eastern Community Health Services, 378 Burwood Rd, Hawthorn
	Enquiries: Volunteer Manager 0416 212 426 or (02) 4782 9222
27 & 28 February	BRISBANE QLD
9.30 am – 4.30 pm	Venue: Red Cross Shop 3, 521 Beams Rd, Carseldine
	Enquiries: Volunteer Manager 0416 212 426 or (02) 4782 9222
2 & 3 April	SYDNEY NSW
9.30 am – 4.30 pm	Venue: Shop C9, Elsie St (entrance via George St, Burwood)
	Enquiries: Volunteer Manager 0416 212 426 or (02) 4782 9222
FAMILY DRUG SUPPORT DAY	
For full details, refer to page 22	
24 February	Venue: Various
	Enquiries: Head Office (02) 4782 9222
	Register: Visit http://nationalfdsday.fds.org.au



Main event – Parliament House, Canberra

State events – Sydney, Melbourne, Brisbane and Adelaide

Three objectives of the National Day are to:

1. Reduce stigma and discrimination for families and drug users
2. Promote family drug support services for families and friends
3. Promote harm reduction strategies for families and friends

In addition, the following issues are to be highlighted:

1. The important role of FDS volunteers in providing family support across Australia.
2. Reducing fatal and non-fatal overdoses from drugs, including pharmaceuticals.
3. Promoting the widespread availability of naloxone products.
4. Promoting greater support and resources for treatment services.

Contact FDS Head Office for more information (02) 4782 9222

To register, visit <http://nationalfdsday.fds.org.au>

Alcohol and domestic violence: A national blind spot

Ross Fitzgerald, *The Age* (4/1/16)



For many years, even though it was a huge problem, Australia managed to ignore the epidemic of domestic violence. But since Rosie Batty was named 2015 Australian of the Year for placing domestic violence on the national agenda, it has been increasingly difficult to keep on ignoring this issue.

Yet in some areas, ignoring the pivotal role of alcohol in domestic violence remains a national blind spot. This is despite the fact that alcohol is to violence as water is to fish.

Admittedly, we would still experience some violence even if alcohol did not exist but there is no doubt that binge drinking and other misuses of alcohol make violence much more frequent and severe, especially in young males.

Between 80 and 100 Australian women are killed by their male partners every year. It is deeply shocking that an Australian woman is more likely to be murdered in her own home by her male

partner than anywhere else or by anyone else.

According to the Foundation for Alcohol Research and Education (FARE), about half of reported domestic violence incidents and up to 47 per cent of child protection cases involve alcohol. Moreover, one in seven presentations at hospital emergency departments in Australia were related to alcohol. In some hospitals, it was one in three. Who would have guessed this from the media coverage of alcohol and drugs?

A few undoubtedly tragic deaths from ecstasy and we have a media frenzy. But the 15 or so alcohol-related deaths occurring, on average, every day in Australia still escapes our national attention.

How is it possible that we can ignore the carnage from our favourite drug, alcohol, and at the same time obsess about the much less harm from illicit drugs? Part of the answer is that drugs such as ecstasy provide a useful

distraction for the politically powerful liquor industry.

Alcohol is not just a common factor in domestic violence; it is also a common factor in verbal abuse and physical violence. Sadly, these are common experiences.

A few years ago a reputable Drug Strategy Household Survey found that about one in four Australians were victims of alcohol-related verbal abuse; 13 per cent were made to feel fearful by someone under the influence of alcohol; and 4.5 per cent aged 14 years or older had been physically abused by someone under the influence of alcohol.

In June 2015, Batty supported calls for a levy on alcohol to fund more effective responses to alcohol misuse. In doing so the courageous campaigner noted, 'Alcohol is involved in up to 65 per cent of family violence incidents reported to police and up to 47 per cent of child abuse cases in Australia'. She added, 'alcohol was also consumed by the perpetrator in more than a third of intimate partner homicides'.

A recent Australian study funded by FARE and undertaken by the Centre for Alcohol Policy Research found that 'more than 1 million children are affected in some way by others' drinking, 140,000 are substantially affected and more than 10,000 are in the child protection system because of a carer's drinking'. The study also found that in 2011 there were almost 30,000 police reported incidents of alcohol-related domestic violence. This was the case in just those states where such data is available: NSW, Victoria,

Western Australia and the Northern Territory.

As FARE chief executive Michael Thorn rightly says: 'Alcohol-related family and domestic violence occurs all too frequently in Australia'.

'Because of the scale of alcohol-related problems and the large numbers of children and families affected, as a society, we need to be doing all we can to reduce the incidence and severity of the harms.'

In the circumstances, it is hard to refute the conclusion that all governments in Australian ought to embrace a broad public health approach with a strong focus on prevention.

It is now clear that there is no quick-fix, single-bullet solution to Australia's domestic violence problem. But it is also clear that there will be no major advance in relation to domestic violence unless and until the policy responses include some effective measures to rein in excessive drinking. Critical to this, as Thorn points out, will be 'measures that reduce the availability, target the price, and regulate the promotion of alcohol'.

With Australians starting to return from their holidays still full of New Year's resolutions to do better in 2016, it's well and truly time that we started to take seriously the often pivotal role that alcohol plays in domestic violence.

Emeritus professor of history and politics at Griffith University, Ross Fitzgerald is the author of 38 books, including his memoir *My name is Ross: An alcoholic's journey*.

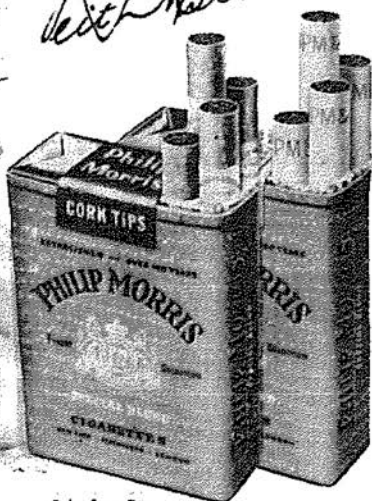
KEITH MILLER, dynamic Test cricketer, says:

"I find I am smoking less and spending less because every PHILIP MORRIS

gives me greater satisfaction . . .

NO ONE COULD SAY I'M A
HEAVY SMOKER BUT I DO
ENJOY A PHILIP MORRIS.
I GET MORE SATISFACTION
FROM PHILIP MORRIS
THAN ANY OTHER
CIGARETTE "

Keith Miller



3/- for 20

30/- for a carton of 200

NOW! Cork-tipped or plain

**CALL
FOR**

PHILIP MORRIS

AMERICA'S FINEST CIGARETTE

PM573



A case for safe drug-injecting rooms

The Age (30/12/15)

The treatment of drug addiction is not a law enforcement issue. It is a health issue. The treatment of drug addicts as criminals ill serves them and the state. These should be self-evident points, but we feel compelled to make them to reinforce the sensible and humane comments by a former premier and now chairman of beyondblue, Jeff Kennett, in relation to the establishment of safe drug-injecting rooms in Melbourne.

Mr Kennett was in turn supporting a call by Robert Richter, QC, president of the Victorian branch of the Australian Drug Law Reform Foundation, for the setting up of such a centre in Melbourne, along the lines of one that has been operating successfully in Kings Cross, Sydney, for more than a decade.

Mr Richter this month said: 'It is now widely acknowledged that our current approach to drugs doesn't work: we need to reduce or eliminate most of the criminal penalties for drugs and start regulating as much of the drug market as we can.'

When he was Victoria's police chief, Ken Lay also said that we 'can't arrest our way out of our problems'.

It is a philosophy supported by Harold Sperling, a retired judge of the NSW Supreme Court, when questioned why, if cigarettes, alcohol and gambling are sanctioned by the state, are not drugs? 'The distinction is irrational,' he said.

As Mr Sperling wrote for Fairfax Media, and with which we agree, 'The futile attempt to prevent drug use by prohibition is hugely expensive. Worse, it makes criminals out of ordinary people.' While it was time to set up a regulatory framework for their sale, it was also time to 'give up the futile attempt to prevent drug use by prohibition and to concentrate on rational and achievable measures to minimise harm'.

These observations go directly to the perception of safe drug-injecting rooms. They are not dens of iniquity. They are not centres for criminals.

They are there to help people with an addiction. They save lives by offering a clean, controlled environment for drug users and hopefully, through the aid of staff, wean people off their addiction. Is this not better than leaving an addict to inject in a back alley?

And yet progress is marred in Victoria because we suspect both sides of politics fear a voter backlash. The Age believes the tide has turned. Earlier this year, Mr Kennett admitted that he was wrong when, as premier, he opposed supervised injecting rooms. He has seen the Kings Cross centre in operation, spoken to staff and addicts. It works. The staff 'should be receiving knighthoods' for treating addicts as 'human beings'. He reiterated the praise this week.

Alex Wodak, the president of the Australian Drug Law Reform

Foundation, believes that Australia must look at drugs as a health and social problem. It is the first step in then formulating policy.

In Victoria, governments of both persuasions, lamentably, have bundled the problem into the too-hard basket for years. This is shameful. Last March, the Police Minister, Wade Noonan,

while conceding that more diversion programs were needed to keep people out of jail, also rejected the establishment of safe injecting rooms.

It is true that hard drugs harm and kill. So, too, do alcohol and cigarettes, in the short and long-term. If a society can help an addict, whatever substance is used, then surely it must.

The Group

Here we all are, in a circle we sit,
Hoping stepping stones is just the right fit.
There is Theo our Leader and the beautiful 'D'
Our hearts in our mouths, how hard will it be?
Thirteen strangers, all with one aim.
To listen and learn and be grateful we came.

We tell our stories and there are tears
And more tears – and we listen to everyone and
REALLY HEAR what they are saying – and
REALLY UNDERSTAND what they are feeling – because
We Are As One.

Then over the days some magic happens
And amidst the tears, there is laughter too
And we start to really know and like each other
For our differences and our similarities.

We belong to a club no-one wants to join
We share such a strong bond
I feel privileged to have met them
Our Stepping Stones Experience Is Unforgettable.



PM with Tim Palmer: Heroin users to get access to ‘life saving’ drug

Penny Timms, *ABC Local Radio & Radio National* (15/12/15)

TIM PALMER: The drug used to reverse the effects of opioid overdose will soon be available over the counter. It comes as anecdotal evidence points to a rise in the use of heroin, and subsequent overdoses.

When the change comes into effect, Australia will become just the second country in the world to make the drug available, without a prescription.

Penny Timms reports

PENNY TIMMS: Naloxone is a medication, widely used to treat people having an opioid drug overdose.

STEPHEN PARNIS: So I would use it in my emergency department when someone is brought in with a suspected overdose of something like heroin or morphine.

PENNY TIMMS: Stephen Parnis is a doctor who works in emergency medicine. Naloxone is a drug he only administers when a patient is at risk of dying at any moment.

STEPHEN PARNIS: They have stopped breathing, they are blue. It's often quite satisfying to know that very soon after giving that drug into their muscle or into a vein that they start breathing again and recover fairly quickly.

PENNY TIMMS: For years, reform campaigners have argued that the drug's life-saving effectiveness means that Naloxone should be an over-the-counter drug. Giving heroin users easier access will, they say, preserve more lives. It's an argument that the regulator, Australia's Therapeutic Goods Administration (TGA), now accepts.

From next year, Naloxone will be almost as easy to get as high strength cold and flu tablets. The timing of the change may be no coincidence, given repeat warnings that heroin use is rising once more. Professor Paul Dietze from the Burnet Institute, for medical research and public health action.

PAUL DIETZE: I guess it's recognition that people are continuing to die, the numbers are actually increasing a little at the moment. It has sort of brought it back onto the agenda and finally, thankfully, we're actually moving towards making it more available.

PENNY TIMMS: Australians are generally recognised as heavy consumers of illicit drugs. It's a view supported by the data in the most recent United Nations' World Drug Report in 2014. Heroin seizures by police are up substantially. So too are deaths blamed on the drug, according to

the TGA. More than 600 people died in 2010 from heroin and other similar drugs. That makes the TGA's amendment of Naloxone timely.

Professor Dietze again

PAUL DIETZE: It is important to note that it is a change in schedule, rather than a reschedule. So, it means that Naloxone will still be scheduled on Schedule 4, which means you can still obtain it through prescription, but it will also be available on Schedule 3, which means it can be obtained over the counter through a pharmacy.

PENNY TIMMS: And that's really important when it comes to cost. Those with a prescription could expect to pay as little as \$6 for a single-use injectable, but for those who need it without a script, pharmacies could charge what they want.

Naloxone is described as being life-saving medication, with minimal side effects. In fact, all it does is reverse an overdose; it has no effect on somebody who doesn't have opioids in their system, and it's not addictive.

PAUL DIETZE: There has been moves to make it more widely available. But I guess the thing that drove the initial concern was the opioid overdose epidemic of the mid to late 1990s.

PENNY TIMMS: Australia is expected to become just the second nation in

the world to introduce access to Naloxone through a pharmacist.

Dr Parnis again

STEPHEN PARNIS: As Ken Lay and other senior police have said over the years, you can't arrest your way out of these circumstances.

Certainly harm minimisation has to be a key aspect of the way we handle these things, and certainly education, because knowledge is power and we really do want to try and reduce the harm that occurs when people take illicit substances.

PENNY TIMMS: Professor Dietze wants authorities to go one step further.

PAUL DIETZE: One of the things that we really need to do is make sure that it's available to people who might be at risk of overdose who mightn't come into contact with pharmacists and mightn't have the money to pay.

So, we really need to be providing it through other services, like primary health centres, and maybe needle and syringe programs that really do have the capacity to actually provide it and they have the expertise.

PENNY TIMMS: The amendment comes into effect in February.

TIM PALMER: Penny Timms reporting.

NEWS FROM OVERSEAS

United States

FATAL DRUG OVERDOSES HIT RECORD HIGH IN US, GOVERNMENT FIGURES SHOW

In 2014, more people died in America from drug overdoses than from car accidents, with heroin and opioids responsible for the majority of deaths.

Deaths from drug overdoses have surged across the US to record levels, according to the Centers for Disease Control and Prevention.



Nationwide, overdose deaths last year exceeded 47,000, more than the number of people killed in car accidents and up 7% from the previous year.

The CDC said 61% of the deaths involved some type of opioid pain relievers and heroin. The count also included deaths involving powerful sedatives, cocaine and other legal and illicit drugs.

CDC director Tom Frieden said the rise in overdoses related to opioid use, up 14% from 2014, was particularly concerning.

‘The increasing number of deaths from opioid overdose is alarming,’ he said. ‘The opioid epidemic is devastating American families and communities.’

Overdose deaths are up in both men and women, in non-Hispanic whites and blacks, and in adults of nearly all ages, the report said.

West Virginia, New Mexico, New Hampshire, Kentucky and Ohio had the highest overdose death rates. In West Virginia, the overdose rate was 35.5 per 100,000; the national rate was about 15 per 100,000.

State rates are calculated to provide a more balanced comparison between states given the differences in population size.

In sheer numbers, California – the most populous state – had the most overdose deaths last year, with more than 4,500. Ohio was second, with more than 2,700.

The numbers are based on death certificates. Nearly half a million Americans died from drug overdoses from 2000 through 2014, the CDC says.

Drug overdoses – particularly those from prescription opioid painkillers –

have become a priority issue for the Atlanta-based CDC. The agency this week released draft guidelines for family doctors, encouraging them to be more careful about prescribing opioids for chronic pain and urging the increased use of naloxone, an overdose antidote.

The CDC released the overall tally last week. On Friday it provided more details, including numbers for individual states.

Staff & Agencies, *The Guardian* (19/12/15)



AFTER DECADES, CONGRESS EFFECTIVELY LIFTS BAN ON FEDERALLY FUNDED NEEDLE EXCHANGES

SAN DIEGO: In the waning days of 2015, congressional Republicans agreed to essentially end their decades-long opposition to federally funding state and local needle exchange programs, slipping a repeal of the ban into the end of the year omnibus spending measure with virtually no fanfare.

The decision – purportedly spearheaded by House Appropriations Chairman Hal Rogers and backed by Senate Majority Leader Mitch McConnell, both from Kentucky, as well as West Virginia Republican Sen. Shelley Moore Capito, who is on the Appropriations Committee – came in response to a massive HIV/AIDS outbreak in Indiana, as well as their home state’s decision to implement its own exchange to combat growing heroin use.



□ Hal Rogers and Mitch McConnell Win Mcnamee

Rogers and Capito spokespeople did not return requests for comment, but a McConnell aide acknowledged that Rogers pushed for it and that McConnell ensured the language got in the bill.

‘If you’d spoken to me at the beginning of last year, I’d have said we’re playing the long game, can we even identify a single Republican to champion this,’ said Michael Collins, Deputy Director of the Drug Policy Alliance.

HIV/AIDS experts and activists hailed the decision. The ‘partial’ repeal passed by Congress in late December will allow exchange programs to pay for ‘staff, the vans, the gas, rent, everything but the syringes. It’s basically a giant work around’ to conservative opposition to needle exchanges, said Dr Steffanie Strathdee, Associate Dean of Global Health Sciences at the University of California at San Diego.

‘It will take a lot of [financial] pressure off these groups,’ Strathdee added.

Collins agreed, noting that ‘the actual syringes cost almost nothing,’ but that in keeping the ban on funding needle

purchases Republicans aren't technically running afoul of the largely unfounded belief that giving needles to drug users can encourage further use.

Originally implemented in 1988, the ban on needle exchanges came as much of the international community – as well as researchers like Strathdee – were becoming increasingly convinced that these sorts of programs could help reduce the rate of transmission of infectious diseases like HIV/AIDS and tuberculosis amongst intravenous drug users.

The lack of federal funds significantly retarded the growth of state and local programs in the 1990s and 2000s, as state houses and local governments faced increasingly tighter budgets. That, according to Strathdee, in turn hampered efforts to test vulnerable populations for HIV/AIDS and TB, since exchange programs often double as testing centers.

But by 1998, after a decade of growing scientific research supporting the programs, the Clinton administration appeared on the verge of coming out in support of federally funding needle exchange programs.

That April, then Department of Health and Human Services Secretary Donna Shalala was planning to hold a press conference announcing the decision to back lifting the ban.

On April 22, then Rep. Denny Hastert – who would go on to become Speaker of the House and, ultimately, plead guilty to fraud charges related to allegations he sexually abused underage boys as a wrestling coach –

took to the House floor to denounce the upcoming announcement by Shalala.

'I think we have a bad message, certainly a bad message to drug addicts to all of a sudden say it cannot be too bad. The federal government is giving me the paraphernalia to put these drugs in my veins,' Hastert said.

'And certainly the message to parents,' he added, 'and I think as a parent myself, and a teacher, the worst thing that I would ever want to happen is to think about my kids using drugs ... Yet, the federal government is actually saying, oh, by the way, if you need free needles to use drugs, you cannot use drugs. That is bad. That is illegal. But if you want the free needles to use them, here they are.'

As part of his floor speech, Hastert entered into congressional testimony a key paper written by Strathdee on needle exchanges in Vancouver – despite the fact that the paper concluded the programs are viable programs that should be encouraged.

According to an April 23 Washington Post report from that year, during a flight from Chile to the United States on Air Force One, Drug Czar Barry McCaffrey pushed Clinton to abandon a push to repeal the ban, insisting it would be too politically risky.

Clinton ultimately agreed, and Shalala ultimately announced that while scientific evidence showed needle exchanges did indeed reduce transmission rates, federal funds would continue to be withheld.



□ A disposal container is filled with hypodermic needles that were exchanged at a clinic in Portland, Maine

After Democrats took control of the House and Senate in 2006 and President Obama won election in 2008, activists and Democrats moved swiftly to repeal the ban, and in 2009 it was ended.

Almost as soon as federal funds began being used for exchange programs, however, it was ended. After retaking the House in 2010, Republicans made re-enforcing the ban part of their year one priorities, and the ban was once again put in place.

But by this summer, the political winds had once again shifted. Collins said the Indiana HIV/AIDS outbreak and the Kentucky's exchange program – as well as the heroin epidemic that has swept through much of the Midwest over the last few years – helped thaw GOP opposition to the programs.

Indeed, while Rogers and McConnell had long been strident opponents to funding exchange programs, Collins said, 'Mr Rogers and his staff decided they weren't ready to fully lift the ban, but they were willing to do a partial lift.'

McConnell, meanwhile, committed to ensuring the language was in the Senate's appropriations bill. Combined, the two Bluegrass lawmakers were able to ensure the repeal made it through December's difficult omnibus process.

On December 21, the Centers for Disease Control quietly announced that federal funds could begin flowing to exchange programs.

In a statement on the CDC website that went unnoticed by most health officials until this week, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Director Dr Jonathan Mermin said: 'Congress has given states and local communities, under limited circumstances, the opportunity to use federal funds to support certain components of syringe services programs.'

'These programs provide sterile injection equipment and may also link individuals to services including HIV and Hepatitis C testing and care for those infected, substance abuse treatment, and overdose prevention.'

For Strathdee – who's research was used to implement a ban she opposed – the repeal is something of a personal victory.

'I've spent the last couple of decades trying to undo this ... when your research is deliberately misused, it really hurts,' Strathdee said.

John Stanton, BuzzFeed (7/1/16)

Canada

STATEMENT FROM MINISTER OF HEALTH – HEALTH CANADA AUTHORISES DR PETER CENTRE TO OPERATE SECOND SUPERVISED CONSUMPTION SITE IN CANADA

Health Canada has informed Vancouver’s Dr Peter Centre, a world-renowned HIV/AIDS treatment and support facility, that its application to operate a supervised consumption site has been approved.

The application to Health Canada was jointly submitted by Vancouver Coastal Health and the Dr Peter AIDS Foundation.

Supervised consumption sites provide a controlled space where people can bring their own illicit substances to consume under the supervision of health-care professionals, and gain access to other health and social services including treatment.

International and Canadian evidence shows that, when properly established and managed, supervised consumption sites have the potential to save lives and improve health without increasing drug use and crime in the surrounding area.

The decision by Health Canada experts was arrived at after a rigorous, evidence-based review that included an assessment of the Centre’s application, an inspection of the facility, and the establishment of terms and conditions to protect public health and safety.

To operate the consumption site, the Dr Peter Centre has been granted an exemption from the Controlled Drugs and Substances Act. The Act provides the legislative framework for the control of substances that can alter mental processes and that may produce harm when diverted or misused.

Supervised consumption sites require an exemption under the Act to ensure public health and safety requirements are met.

Government of Canada (16/1/16)

United Kingdom

TRUTH BEHIND THE MANCHESTER NYE PHOTO THAT DELIGHTED THE WORLD

It was a photograph that so perfectly encapsulated the New Year’s Eve experience that it went viral around the world. But not all is as it might seem, as one of the people in the celebrated picture has revealed.

First, a bit of background. The photo, by freelance photographer Joel Goodman, primarily depicts police tussling with a man amid a busy New Year’s scene in the English city of Manchester. But it was another man, in the background, who captured the world’s imagination.

Sprawled across the road in a bright blue suit, belly exposed, the man is seen reaching for his bottle of Desperado beer, seemingly settled in for the night. As dusty revellers recovered on New Year’s Day, the photo was shared widely on social media.



A tweet by BBC journalist Roland Hughes, describing the photo as ‘like a beautiful painting’, has now been ‘liked’ and retweeted almost 60,000 times.

The photo was first published by the Manchester Evening News, which has stayed close to the story. The newspaper even tracked down the woman in the red dress, Hannah Kirby, who set the record straight about the man in the blue suit. ‘He wasn’t casually chilling and reaching for his beer!’ she revealed. ‘There was a bit of commotion went on and he was knocked over but managed to save his bottle of beer.’

Ms Kirby said she knew both the men in the photo. Of the man seemingly being restrained by police, she told the newspaper, ‘He didn’t get arrested, he was fine in the end.’

Aside from the general debauchery, commentators were quick to point out more minor visual elements that added to the *mise-en-scène*. The man being restrained lies parallel to the painted yellow lines; Ms Kirby’s hand is offered in a ‘gesture of supplication’ that is ‘a well-known trope of classical art’; and the blue-suited man ‘clutches valiantly for his fallen sword’ (the beer

bottle), according to analysis by the Evening News.

The newspaper noted the photograph had been ‘used by newspapers, websites and broadcasters as far away as Australia’. The photographer said that documenting the night-time economy as it actually is – rather than through staged snaps of socialites at parties – was an important part of covering the life of a city.

‘Mostly, a shot like that is just about being in the right place at the right time,’ he said. ‘I just happened to be in the right spot.’

So forceful was the reaction that the BBC’s Hughes, who discovered the picture buried in a NYE photo gallery on the Evening News website, wrote a first-person piece describing what it was like to start a viral trend.

Manchester’s police department weighed in, tweeting that the photo showed ‘just a normal night for cops, captured brilliantly’. And some Twitter users had fun comparing the photo to famous artworks, or using applications such as Waterlogue to transform it into a watercolour painting.

Michael Koziol, *Sydney Morning Herald* (2/1/16)

Memorial corner

To remember loved ones who have lost their lives to illicit drugs

For inclusion on this list, please call the office on (02) 4782 9222

Given Name	Family Name	Date of Birth	Date of Death	Age
Lee	Bailey	11/12/1976	27/02/1998	21
Jason	Barganier	21/10/1974	01/03/1999	24
Paula Rose	Bassett	16/01/1980	29/05/1998	18
Adrian	Bateson	28/08/1971	16/02/1999	27
Malu Mark	Bellar	22/10/1972	02/02/1996	23
Alan	Bennett	07/01/1958	06/04/2013	55
Edward	Boulton	1969	24/03/1999	30
Lynette	Boyle	08/02/1974	25/05/2001	27
Zoe	Burger	27/09/1976	01/02/2001	22
Bindi	Calder	29/04/1978	03/03/1995	16
Ian	Campbell	13/10/1967	20/02/1998	30
Naomi	Carden	18/10/1973	13/05/2001	27
Rebekah	Carrodus	30/03/1964	14/02/1984	19
Paul	Carter	04/04/1967	18/05/1991	24
Robert	Chaisson	23/02/1949	05/03/2000	51
Rodney	Chevell	01/07/1965	16/04/1989	23
Anthony	Clayton	11/01/1968	25/05/1989	21
Justin	Daley	03/12/1959	14/05/1999	39
Micheal	Daly	19/08/1978	30/03/2000	21
Philip	Davies	29/05/1973	18/03/1995	21
Paul Godfrey	Davis	28/01/1975	08/04/1998	23
Henry	Dobrowski	10/10/1959	17/04/1994	34
Michael	Dransfield	18/09/1948	20/04/1973	24
Vinton	Field	21/09/1976	30/05/1997	20
Jay	Franklin	14/01/1976	16/04/1998	22
Paul	Goodman	05/03/1958	06/04/1999	41
Danny Paul	Hammond	08/11/1977	04/03/2000	22
Kyron	Hansen	01/10/1975	14/04/1999	23
Kyron	Hansen	01/10/1975	14/04/1999	23
Samuel	Harrison	12/01/1970	10/02/1997	26
Benjamin	Hayes	26/04/1977	17/04/2004	23
Paul	Irvine	21/08/1967	28/04/1999	31
Cecily	Irwin	27/04/1972	28/05/1996	24
Lee	Kearney	19/05/1960	20/05/2000	40
John	Keeble	10/06/1976	04/03/1998	21
John	La Rocca	25/05/1973	25/05/1996	23
Alan	Locke	17/09/1949	19/03/1985	35
Brenton	MacDonald	14/06/1970	29/03/2001	30

Given Name	Family Name	Date of Birth	Date of Death	Age
Paul	Markus	10/05/1958	15/02/1997	36
Stephen	Marshall	25/07/1963	13/02/1999	35
Paul	McCrae	1975	08/04/1998	23
Duncan	McGhie	14/10/1975	01/03/2002	26
Anthony	McGoldrick	22/08/1965	03/02/1997	31
Tom	Merson	12/03/1973	03/06/2002	28
John	Millar	25/11/1965	22/02/1997	31
John	Mordaunt	30/10/1957	24/03/1995	37
Adam	Morris	31/07/1964	28/02/1995	30
David	Nicholas	16/08/1955	30/03/1999	43
Timothy	Novelli	13/09/1973	20/04/1999	25
Warren	Penny	20/01/1973	12/02/1999	26
Ben	Prior	12/07/1974	20/03/1999	24
Shawne	Ramsden	29/08/1968	20/05/1995	26
Suzanna	Raper	11/02/1967	01/04/1997	29
Kingston	Rosewood	29/06/1965	21/02/1990	24
Michael	Scaife	29/09/1979	31/03/2000	20
Victor	Shive	9/08/1957	06/02/2000	42
Cathy	Siefken		03/05/2001	22
Craig	Skeers	09/04/1975	19/05/1997	22
Lea Marie	Spencer	28/03/1968	06/02/1995	26
Shane	Spiteri	16/04/1974	3/05/1999	25
Peter	Stephens	20/01/1959	18/04/1996	37
Amber	Stewart	09/02/1985	08/03/2000	14
Damien	Stirling	05/04/1968	09/04/1994	26
Jessica	Stopira	1977	April 2004	27
Preston	Strahan	24/03/1983	24/04/1999	16
Steven	Terry	06/06/1978	18/04/2000	21
Ross	Tomilson	09/01/1979	07/04/2010	31
Debbie	Treadwell	02/03/1967	03/03/2000	33
Guy	Tremain	05/04/1970	14/02/1997	26
Damien	Trimingham	09/01/1974	24/02/1997	23
Amy	Viles	16/01/1978	07/03/1999	21
Matthew	Walden	20/09/1976	05/02/1996	19
Peter	Walsh	15/09/1970	16/02/1997	26
Skye	Walton	10/09/1979	17/05/1997	17
Jason	Wargo	13/12/1983	25/04/2000	16
Hannah	West	27/09/1981	28/03/1997	15
Shaun	Western	1970	18/02/2000	30
Dieter	Wheeler	01/07/1967	01/03/2000	33
Julian	White	11/12/1975	22/05/1998	22
Cameron	Worsley	31/07/1970	10/04/1997	26
Alicia Noela	Zorgati-Murphy	28/02/1977	06/02/2011	33

2016 subscriptions now due



Please renew your membership as soon as possible and continue your support for FDS, as well as receive FDS Insight and access our events for another year.

Please phone/fax or email/mail us in the office.

Phone (02) 4782 9222 to pay by credit card

Fax: (02) 4782 9555; Email: general@fds.ngo.org.au

Mailing address: PO Box 7363, Leura NSW 2780

Thank you

Don's Reviews

The Biology of Desire: Why addiction is not a disease by Marc Lewis (2015)

These Things Happen by Greg Fleet (2015)

To start, let me suggest that two more different books, two more different approaches and messages, yet with similar underlying themes, surely would be difficult to nominate.

I confess, to my everlasting shame, I'd never heard of Greg Fleet. Sorry Mate. So I used faithful old Dr Google, hit *YouTube*, and watched a whole series of his acts. Verdict: he IS very funny, with a bite. He's also frank and tells it like it is, or at least (we hope for his sake) was, and now never will be again. When we look at the other book do remember this: *Greg Fleet wanted to change*.

Finding something at random to give you an idea, the chapter of Greg's book, '*You must be joking*', is followed by a weird chapter on '*attempted murder*' and '*the nature of friendship*'. There's a lot of Woody Allen in his standup-comic days in Fleet. He may not think so, and after all, the young, 'pre-movie days' Woody is very laid back and asks his audiences to allow him into their hearts, whereas Fleet is right in your (fill in the adjective of your choice, and guess what his usually is) face; we can find a prime example on *YouTube* in his reply to the Englishman who asked why Australia killed their Aborigines – *But that wasn't US*, he retorts, *it was YOU!*).

Allen, however, remains an excellent point of comparison because it helps us to see exactly the knife's edge humour of Fleet compared to his. And his book reflects this: heart on the shoulder, serious with most serious warnings, yet craving something from us.

Understanding? Warning? Perhaps that's the closest we're going to get. He's not after forgiveness, that's for sure.

His betrayal of the kind journo, Lisa, is the ultimate or final straw. Apart from one major lapse it appears to have sorted him out. The book's a wild ride, but it's fascinating and extremely revealing. I suspect the title was chosen with a great deal of care.

Marc Lewis has written a detailed stunner. I mean literally. I started by my usual 'toe in the water' approach and was locked in once I got near Chapter Three ('*Natalie's story*'). It's compellingly informative as well as being one of the stories. I just didn't know about OxyContin and their pals, in terms of preference to heroin as relaxing drugs without (necessarily) such addictive dangers. However their cost, as compared to heroin, made their purchase prohibitive (in North America anyway) as the strengths and volumes were increased. Don't misunderstand though: the Oxy's are unquestionably a possible, even likely, addictive threat, as are many narcotics. However the heroin, its availability, and its costs

gave Natalie and Steve's plight some ironic respite.

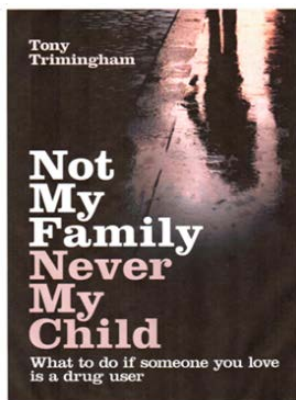
As Professor Lewis says, *it simply became harder and harder to resist the temptation*. So Natalie was caught and hauled in: a quite generous plea bargain was accepted and involved thrice-weekly therapy sessions. For some time she remained clean but very unhappy with, it seems, no support as we might imagine it.

In she went again and this time got a month in a dump run by some reformed addicts. The lousy aftermath of that, and her further time in jail, left her wondering how she could ever get out from under. And after some enlightening techno/clinical detail, we're told that Natalie *cannot find control until she finds self-control*. And to do that she first has to find *self*. In other words, as every phone volunteer

for FDS has heard during training and then applied in practice, you can't really do anything with an addict *until she is ready*. This is so well put in the book I'd urge anyone who cares about modern humanity to read it.

This book contains a massive world of information, ranging from the narratives such I just used to whet your appetite, to specific and clear explanations of aspect of neuroscience (Dr Lewis's special area of study). The underpinning theme of self-control (meaning taking responsibility for yourself and *wanting* to change) is the basis for the stories, whether or not it is achieved. The narcotic or stimulant effects on the brain and its ability to change represent the parallel theme.

It would be difficult to overestimate the importance of this book, and anyway why would anyone try?



Not My Family Never My Child

A guide for families affected by drugs

Members \$20; Non-members \$24.95 plus \$6.60 postage

Please phone/fax or email/mail us in the office.

Phone (02) 4782 9222 to pay by credit card.

Fax: (02) 4782 9555; Email: general@fds.ngo.org.au

Mailing address: PO Box 7363, Leura NSW 2780

Signed copies are available upon request.

Need help?

Family Drug Support – Support Line	1300 368 186
Family Drug Support – Office	(02) 4782 9222; fax (02) 4782 9555
Alcohol & Drug Information Service (ADIS)	(02) 9361 8000 / 1800 422 599
AIDS HIV Information Line	(02) 9206 2000 / 1800 063 060
Compass Directions ACT	(02) 6122 8000
Families & Friends for Drug Law Reform (Canberra)	(02) 6169 7678
Hepatitis C Information & Support Line	(02) 9332 1599 / 1800 803 990
Nar-Anon	(02) 9418 8728
Narcotics Anonymous Self-help for drug problems	(02) 9565 1453 / 1300 652 820
Cannabis Information & Helpline (NCPIC)	1800 304 050
NSW Users & Aids Association (NUAA)	(02) 8354 7300 / 1800 644 413
Parent Drug Information Service WA	(08) 9442 5050 / 1800 653 203
Parent Line NSW	13 20 55
Ted Noffs Foundation Centre for youth and family drug and alcohol counselling services	1800 151 045

Contributions to FDS Insight do not necessarily reflect the opinions of FDS or its Board.

Family Drug Support PO Box 7363 Leura NSW 2780

Family support meetings Feb – May 2016

Non-religious, open meetings for family members affected by drugs and alcohol. Open to anyone and providing opportunities to talk and listen to others in a non-judgemental, safe environment. Please phone facilitator (listed below) to check on dates prior to attending. **General enquiries: FDS Head Office (02) 4782 9222**

Note: MEETINGS ARE NOT HELD ON PUBLIC HOLIDAYS – 25 & 28 MARCH



FDS support groups

- NSW – Burwood** every Monday (except 28 March) (7 – 9 pm)
Burwood Council Library (Ralston Room), 2 Conder St, Burwood
Enquiries: Janet 0414 531 272 or Head Office (02) 4782 9222
- NSW – Byron Bay** 1st/3rd Tuesday of month: 2 & 16 Feb; 1, 15 Mar; 5 & 19 Apr; 3 & 17 May (7 – 9 pm)
INTRA meeting room, 75 Johnson St, Byron Bay (entrance to stairs between WBC and cnr Johnson/Marvell Sts corner). *Enquiries:* Margaret 0427 857 092 or Jane 0410 494 933
- NSW – Kincumber** 1st/3rd Monday of month: 1 & 15 Feb; 7 & 21 Mar; 4 & 18 Apr; 2 & 16 May (7 – 9 pm)
Arafmi Cottage, 6/20 Kincumber St, Kincumber. *Enquiries:* Marion 0439 435 382
- NSW – Coffs Harbour** 1st/3rd Monday of month: 1 & 15 Feb; 7 & 21 Mar; 4 & 18 Apr; 2 & 16 May (7 – 9 pm)
The Mudhut, Duke St, Coffs Harbour. *Enquiries:* Theo 0402 604 354
- NSW – Nowra** Monday fortnightly: 1, 15 & 29 Feb; 14 Mar; 11 Apr; 9 & 23 May (7.30 – 9.30 pm)
Nowra Community Centre, 134 Kinghorne St, Nowra. *Enquiries:* Maxine 0409 176 625
- SA – Leabrook** Wednesday fortnightly: 3 & 17 Feb; 2, 16 & 30 Mar; 13 & 27 Apr; 11 & 25 May (7 – 9 pm)
Knightsbridge Baptist Church Hall, 455 Glynburn Rd, Leabrook
Enquiries: Kath (08) 8384 4314 or 0401 732 129 or Devushka 0428 271 743
- SA – Hallett Cove** Wednesday fortnightly: 10 Feb; 9 & 23 Mar; 6 & 20 Apr; 4 & 18 May (7 – 9 pm)
Hallett Cove Baptist Church, 1 Ramrod Ave, Hallett Cove
Enquiries: Kath (08) 8384 4314 or 0401 732 129 or Devushka 0428 271 743
NO MEETING ON 24 FEB – National FDS Day
- SA – Hindmarsh** Monday fortnightly: 8 & 22 Feb; 7 & 21 Mar; 4 & 18 Apr; 2, 16 & 30 May (7 – 9 pm)
Anglicare SA, 184 Port Rd, Hindmarsh
Enquiries: Kath (08) 8384 4314 or 0401 732 129 or Devushka 0428 271 743
- QLD – Carseldine** 1st/3rd Tuesday of month: 2 & 16 Feb; 1 & 15 Mar; 5 & 19 Apr; 3 & 17 May (7 – 9 pm)
Shop 3, 521 Beams Rd, Carseldine (room in Aust Red Cross)
Enquiries: Head Office (02) 4782 9222 or Emily 0407 743 033
- QLD – Nerang** 1st/3rd Monday of month: 1 & 15 Feb; 7 & 21 Mar; 4 & 18 Apr; 2 & 16 May (7 – 9 pm)
Girls Guides Hall, 40 Ferry St, Nerang. *Enquiries:* Dom 0419 689 857
- VIC – Bendigo** Wednesday once a month: Contact facilitator for dates (7 – 9 pm)
Olinda Centre, 8 Olinda St, Bendigo. *Enquiries:* Michael 0448 169 205 or Head Office (02) 4782 9222
- VIC – Geelong** Wednesday fortnightly: 3 & 17 Feb; 2, 16 & 30 Mar; 13 & 27 Apr; 11 & 25 May (7 – 9 pm)
The Swanston Centre, cnr Myers & Swanston Sts, Geelong
Enquiries: Kevin 0487 949 745 or Debbie 0412 382 812
- VIC – Glen Waverley** Thurs fortnightly: 4 & 18 Feb; 3, 17 & 31 Mar; 14 & 28 Apr; 12 & 26 May (6 – 8 pm)
MonashLink, cnr Euneva Ave & O'Sullivan Rd, Glen Waverley. *Enquiries:* Debbie 0412 382 812
- VIC – Hawthorn** Wednesday fortnightly: 10 Feb; 9 & 23 Mar; 6 & 20 Apr; 4 & 18 May (6 – 8 pm)
Inner Eastern Community Health Service, 378 Burwood Rd, Hawthorn. *Enquiries:* Debbie 0412 382 812
NO MEETING ON 24 FEB – National FDS Day
- VIC – Ferntree Gully** Tuesday fortnightly: 9 & 23 Feb; 8 & 22 Mar; 5 & 19 Apr; 3, 17 & 31 May (6.30 – 8.30 pm)
Knox Community Health Service, 1063 Burwood Hwy, Ferntree Gully
Enquiries: Michael 0448 169 205
- VIC – Footscray** Thursday fortnightly: 11 & 25 Feb; 10 & 24 Mar; 7 & 21 Apr; 5 & 19 May (6 – 8 pm)
Drug Health Services, 3-7 Eleanor St, Footscray. *Enquiries:* Michael 0448 169 205
- VIC – Frankston** Tuesday fortnightly: 2 & 16 Feb; 1, 15 & 29 Mar; 12 & 26 Apr; 10 & 24 May (6 – 8 pm)
Frankston Hospital, Hastings Rd, Frankston. *Enquiries:* Debbie 0412 382 812

Non-FDS support groups

- ACT – Canberra** Wednesday fortnightly – NB: Please call to confirm dates (5.30 – 7.30 pm)
Compass Directions Act, Level 6, Cosmopolitan Centre, Bowes St., Woden.
Enquiries: Switchboard 6132 4800
- WA – Mandurah** every Tuesday (6 – 7.30 pm)
South Metropolitan Community Drug Services, 22 Tuckey St, Mandurah
Enquiries: Anne (08) 9581 4010
- NSW – New Lambton, Newcastle** Postponed – Enquiries: Head Office (02) 4782 9222