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Insight

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Alcohol Is A Drug

My 23 year old son, Pax (pseudonym), was detained for the maximum 42 days in this state's major public hospital on 6 January 2012. He was detained under the Mental Health Act on the grounds that he was at risk to himself. Pax had been homeless since 4 January, after leaving the family home to protect myself and my partner from the ravages of his alcohol dependence. In the time between 4 January and 6 January, Pax had been taken once to the aforesaid hospital by paramedics (but was not admitted), was locked up in the local Adelaide Hills police station and released back into the community, was locked up in the city watch house and released back into the community, was raped, assaulted and robbed in the city, taken to the sobering up unit run by the Salvation Army by ambulance following the assault, and released back into the community.

Following his release from the sobering up unit, Pax took himself to the city police station and asked to use their phone. Pax rang me about midnight on 6 January, to let me know he was ok and was going to the RAH to admit himself. I was relieved to hear his voice, I had been worried sick about him for days, and that very day had been futilely searching the Adelaide parklands in the hope of finding him.

Pax's journey with alcohol began when he was 15. My older son Kai, sometimes drank excessively at this age, and I had my worries about him, but fortunately it was a stage Kai moved through in his own time, and without any damage. For Kai it was a 'normal', risk taking, adolescent behaviour. When Pax drank at this age I hoped it too would resolve itself. I never thought this journey would develop into the devastating abyss of drug dependence. I didn't realise alcohol was a drug, (pretty much everyone I know uses it), and I thought 'drug dependence' referred to illicit drugs. I am still reeling from the shock of alcohol use on Pax, 8 years on.

Pax was the most delightful, charming, enigmatic, personable, sensitive, intelligent, creative and caring child. He struggled with his emotional sensitivities, his insomnia and his anxiety. He found alcohol managed these issues. He became outstandingly addicted to alcohol-probably from his first drink.

I overlooked, denied and neglected the problem, until the problem became so large it was destroying all of us. I was cut off from family and friends, my relationships and my work were suffering. I was doing everything I could for Pax, but everything failed miserably and seemed to make things worse. At times I called the FDS 24 hour line when the situation felt dangerous or out of control, and they helped me work through the approach I should take-was it time to call the police, the ambulance, did I just need to talk, did I need to leave the house and seek support for myself? FDS never told me what I should do, but assisted me to trust myself and take the action I was most comfortable with. At the beginning of 2011 I began attending FDS support groups fortnightly, and continue to do so.

At FDS, I can connect with other families who are navigating this heartbreaking, frightening and exhausting journey, we laugh, we cry, we share our stories without feeling shame or failure. We provide inspiration, information and insight to each other. I really appreciate having a community I can share these stories with who are not friends or family. It is vital to my well-being, and enables my capacity to continue supporting my son on his journey.

Pax knows I attend FDS and is glad it is there for me. Even though he is destroying his own life, and causing havoc to the lives of those who love him, he cares about us and hates to see us suffer. Although his alcohol addiction is all consuming and takes over every aspect of his life, I know this.

FDS has helped me to overcome my shame and inadequacy, has broken my isolation, has increased my channels of communication with my son and other family members, has increased my knowledge of alcohol and other drug dependence and increased my resilience.

At the time of writing this, I again don't know where Pax is. There was a missed call from him on my phone at 11.30 last night-he would never normally ring me at this time. I have tried ringing him and sent messages but he has not answered or returned my calls. His housemates are worried and don't know where he is. His friends have not seen him. I expect if he does not turn up for court on Tuesday the police will start looking for him. I hope I hear from him first.

In my grief and anxiety tonight, I think of the community who gather in the FDS meetings with their grief and anxiety, and I know I am not alone.

Lindi

INSIGHTS OUT

It's been a time of comings and goings as FDS people are on the move. Fay has just returned from a month in Europe; Helen, our accounts person, has just set off on a two month journey in her bus up to warmer parts; volunteers Judy and Ray are taking a long trip to the North and North West of Australia; and Sandra and I are looking forward to our visit to the UK and Europe.

We have so many things happening and we all need to refresh ourselves for the challenges ahead.

The recent funding crisis has put pressure on us to consolidate and plan well for the next couple of years.

Our plans include expanding the range of the Stepping Stones and Stepping Forward courses, opening up new support groups in new areas and reaching out to CALD (Culturally and Linguistically Diverse Groups) and indigenous groups, as well as interstate and intrastate activity.

Sheryl Chandler and Kath Ashton have established wonderful support for families in the South and other solid groups each in Sydney, Geelong, Bendigo, Port Macquarie, Coffs Harbour, Central Coast and Byron Bay. Dom, our Queensland BTD Project Officer, has already set up a group on the Gold Coast, and shortly a support groups will commence in Brisbane.

There is still potential for groups in the Hunter, Illawarra, Central West, New England as well as in the South, West and Northern parts of Sydney.

We have held some volunteer training groups recently to enlarge our volunteer roster. We always need more volunteers so please don't hesitate to apply for the upcoming training groups. You don't have to be drug experts or counsellors. All we need are people who can listen and support family members affected by alcohol and drug issues.

A new report from the Australia 21 group will be released shortly which will carefully continue the debate on drug law reform. I believe a National Drug Summit is well overdue – maybe this will soon be a reality.

I would also like to see more young people engaged in the drugs debate because they are the ones who have to deal with the consequences of drug policies over time.

Finally, coming up in October are our Remembrance Ceremonies where we share the memory of those lost to drugs. Sadly, every year more people join the list of lives lost. The pain of losing someone never goes away and it is important to acknowledge those we remember. Please come along and support the families involved.

Take care – Tony T

Quotes About Drugs

I don't do drugs. I am drugs.

Salvador Dali

After a few months in my parents' basement, I took an apartment near the state university, where I discovered both crystal methamphetamine and conceptual art. Either one of these things are dangerous, but in combination they have the potential to destroy entire civilizations.

David Sedaris

I loved when Bush came out and said, 'We are losing the war against drugs.' You know what that implies? There's a war being fought, and the people on drugs are winning it.

Bill Hicks

O God, that men should put an enemy in their mouths to steal away their brains!

Cassio, Shakespeare's Othello, Act II, Scene iii

I'll never drink and drug again if you just let me wake up tomorrow. I'll never do that again if you just make sure I'm not pregnant. In rehab when I overdosed and thought I had finally made myself permanently retarded I prayed and promised God that if he gave me back my mind I'd never touch a thing and go back to church. I was drunk the day I got out. Tanqueray and soda.

Lea Jeffire

A Guide To Coping

Would you like a new, replacement or spare copy of 'A Guide to Coping'?

Copies are available for the discount price of $5 (normally $15) plus postage of $3 per copy. If extra copies are ordered, please ring the office for the cost of postage.

For purchases, please contact the office on (02) 4782 9222 or send a cheque or money order to PO Box 7363 Leura NSW 2780.

Stepping Stones To Success – 100 Strong

In the first quarter of 2012, Family Drug Support ran its 100th Stepping Stones to Success and with it, its 1000th participant. In the 10 year plus history, Stepping Stones to Success has reached many milestones and achievements. Where to begin? Best we start from the beginning.

It all began with Tony Trimingham and the work he did as a relationship counsellor and group leader. Prior to starting FDS in 1997, Tony ran literally hundreds of group courses around rebuilding life after divorce and separation. The concepts underpinning the groups were that 'you are not alone', that 'you can and will recover', 'self-awareness and growth is important' and real changes take courage and pain. Essentially, the group provided a road map enabling people to take on new skills through individual learning and more importantly through drawing on the collective experiences and wisdom of others facing similar challenges.

For those who have completed Stepping Stones, you will no doubt recognize all of the above as the core of the program.

Of course there are obvious differences between divorce/separation and dependent drug use. In 1999, Tony was assisted by Jon Rose and Claudia Houareau from Drugnet Western Australia in developing the ideas of collective wisdom the families' stages of change. Then Tony developed the Stepping Stones model and produced the manual.

2001 saw Tony Trimingham run the first Stepping Stones to Success. Many of those who attended are still to today part of FDS. From its humble beginnings in 2001 to May 2012, Stepping Stones has been run 103 times and attended by 1002 participants. Let's take a moment to reflect on these figures. The AOD sector recognizes that there is a glaring gap in family specific AOD programs. Of the few that exists, almost none have stood the test of time, rarely do they run regularly and are often poorly attended.

In contrast, Stepping Stones to Success stands as a shining beacon for families.

Meanwhile Stepping Stones goes about its business. The course not only runs in most metropolitan cities in Australia, it also services the regional/rural areas. This in itself is unique. I am certain that the AOD industry and government alike recognize that services are threadbare in these areas. In most regional/rural areas, FDS provides the only family centric support services through Stepping Stones and through the course, the emergence of an ongoing Support Group.

As well as withstanding the test of time, Stepping Stones remains as relevant today as it did back in 2001. Successive governments have come and gone with its varying (for some non-existent) focus on drugs and its effects on families. Meanwhile FDS have survived the many ebb and flows through the provision and sadly the withdrawal of funding. Incidentally, this is not unique to Stepping Stones; it applies across the board with all of

FDS' services. The unique thing is that at no time has any government questioned the validity of Stepping Stones and indeed any of FDS's programs.

Does it work? This is a question posed by academics, funding bodies, individuals and FDS ourselves. Without going into painful statistical and research details, the answer is a resounding YES. The program includes a questionnaire process that has been evaluated by independent bodies. It measures how family members are dealing with anger, boundary, control, denial, family, self-esteem and trust around drug use. The bottom line is that those who completed Stepping Stones experience significant increases across all areas. Even more significant is that this increase is sustained and built upon when measured again 6 months after the course. FDS is currently working with the National Drug and Alcohol Research Centre (University if NSW) to publish data and findings.

In 2009, Stepping Stones to Success won a National Drug and Alcohol award.

In the same year, we received official accreditation from the Institute of Group Leader at their silver level. The publication of research data will enable Stepping Stones to reach the highest level – Gold.

There you have it, a quick history of the program. But let us never forget the human side of the program. FDS have amassed over 1000 evaluations from participants asking for feedback designed to improve the delivery of the program. Overwhelmingly, the feedback continues to be extremely positive.

I aim to put together a summary and highlights in future Insights to provide another view of Stepping Stones. In previous and future edition of this magazine, you may have read some poetry from participants. I can't begin to express how much I am touched by them – poignant, raw, pain and beautiful.

Going into its second decade of delivery, we are fortunate to have a growing team of amazing Stepping Stones to Success leaders. FDS is confident that Stepping Stones will go from strength to strength with more deliveries nationwide.

My own passion and motivation in leading Stepping Stones to Success has not waivered over the 10 years I have been with FDS. To see individual family members arrive at the course down crested and at the end of their tether and emerging with reality based hope and skills makes it all worthwhile.

Through testimonies, feedback, evaluation and statistics, Stepping Stones does enable family members to become more resilient, better able to cope and have the strength and skills to ultimately survive the journey intact.

I am proud to be the manager of this program. Thank-you Tony and FDS for the privilege and trust in running Stepping Stones. It has certainly helped me to grow as a professional and more importantly as a person.

After 33 Years, I Can No Longer Ignore The Evidence On Drugs

Mick Palmer, *Sydney Morning Herald* (7/6/12)

As a 33-year police practitioner who was commissioner of the Australian Federal Police during the 'tough on drugs' period, I fully understand the concerns of those who argue there is no reason to reconsider drug policy and I shared many of them until recent years.

My police experience, in both the state/territory and federal jurisdictions, together with some 15 months practising at the private bar as a defence barrister and several years experience in the drug and alcohol fields, has convinced me that I was wrong.

The reality is that, contrary to frequent assertions, drug law enforcement has had little impact on the Australian drug market. This is true in most countries in the world.

In Australia the police are better resourced than ever, better trained than ever, more effective than ever and yet their impact on the drug trade, on any objective assessment, has been minimal.

In the *Herald* last week, the opposition health spokesman, Peter Dutton, asserted that 'law enforcement does achieve significant results and is not yet at its peak of effectiveness'. I feel compelled to respond, because frankly the evidence does not stack up. In Australia last year, 86 per cent of drug users said that obtaining heroin was 'easy' or 'very easy', while 93 per cent reported that obtaining hydroponic cannabis was 'easy' or 'very easy'.

The price of street heroin and cocaine decreased by more than 80 per cent in the US and Europe in the past 20 years. Despite a huge investment by the US in drug law enforcement, northern Mexico has descended into a drug cartel battlefield, driven by the demand for illicit drugs within the US. At the local level, our young people can and do purchase illicit drugs with ease and generally with impunity. If this is an effective policy at work, I am not sure what failure would look like.

In any conversation, however, it will be important to acknowledge that there are no good guys or bad guys in the debate, only concerned guys. Too often emotion tends to drive public commentary, with proponents of either side branding their opponents as either 'soft on drugs loopies' or 'the prohibitionist Gestapo'. Neither label is correct or adds value to the debate.

Mr Dutton argues that supporters of the present policy are just as well informed

on the subject as those arguing for consideration of change. The truth is I have found it difficult to find informed commentators willing to support the present drug policy. The Australia 21 report was largely based on a roundtable discussion which included two former senior law enforcement officials, two former Commonwealth ministers for health, a former ACT chief minister, two former state Labor premiers, many of Australia's leading drugs researchers and clinicians, parents who had lost children to drugs and two very impressive young people.

The report came to the same general conclusion as the 2011 report of the Global Commission on Drug Policy, which included former presidents of four countries, a former UN secretary-general, a former chairman of the US Federal Reserve and a former US secretary of state.

One of the advocates for drug law reform in South America is Otto Perez Molina, the President of Guatemala, who used to be in charge of drug law enforcement in his country.

We owe it to future generations to be realistic; to be prepared to listen and consider these commentaries and to examine the facts and the options.

Mr Dutton also cautions against the use of experience of other countries that have benefited from liberalising drug policy.

I ask a counter question: why, in the face of a poorly-performing policy, should Australia not attempt to benefit from the international drug policy experience, when we try to learn from international policy advances and errors in every other area?

The more liberal approach to drug policy in Switzerland and Portugal in the past 20 years appears to have achieved many benefits with no serious adverse effects.

In contrast, drug overdose deaths are high and rising in Sweden, one of the last developed countries that champions a punitive drug policy.

In recent decades, Australian governments have relied heavily on drug law enforcement (while providing more limited funding for health and social responses), yet the drug market has continued to expand. Around the world, drug production has increased, drug consumption has increased, the number of new kinds of drugs has increased, drugs are readily available, drug prices have decreased and the purity of street drugs has increased.

It's time the community and its leaders had the courage to look at this issue with fresh eyes.

Mick Palmer, AO APM, is a former commissioner of the Australian Federal Police and is a director of the Australia 21 think tank.

Addicts Sought For World-First Cannabis Trial

Jeanette McMahon, *ABC Newcastle* (17/4/12)

Doctors will use a multiple sclerosis drug to help people quit smoking cannabis, in a world-first trial to be done in Newcastle and Sydney.

The researchers are seeking 50 cannabis addicts to take part in the trial, which will centre around a medication normally used to treat MS.

It contains two active components found in cannabis.

Dr Adrian Dunlop, director of Drug and Alcohol services in the Hunter, told 1233's Jill Emberson that in world terms Australians are high consumers of cannabis.

One in three adult Australians admit to having ever used marijuana, and just over 10% report smoking it in the past 12 months.

Last year around 700 people approached the Hunter Region's Cannabis Clinic asking for help to stop smoking the drug.

'The single biggest reason people want to stop is that they know they're addicted,' Dr Dunlop says.

He says they've tried to stop themselves and can't, and are concerned about the cost of using the drug, its illegality and health consequences.

Dr Dunlop says it's a significant trial.

'This is a world first, this trial hasn't been done anywhere else in the world,' he says.

'It's using medication that was developed for the treatment of multiple sclerosis.

'The theory is similar to nicotine patches for smokers, that if you can give a similar substance in a different way you might help people wean off the substance.'

Volunteers will be admitted as inpatients to Belmont Hospital, where they will be given the drug Sativex via a mouth spray to see if it helps them manage their withdrawal symptoms.

'It's very rare that a medication trial like this happens in Australia first, most of it happens in the US, occasionally in Europe,' Dr Dunlop says.

The director of the National Cannabis Prevention and Information Centre, Professor Jan Copeland, says the study will have ramifications around the world.

'It will be a complete game-changer for the treatment of cannabis dependence,' she says.

Those interested in taking part can call the centre on 02 9385 0448.

Addicts: Dying For Love?

Paula Goodyer, *Sydney Morning Herald* (10/7/12)

Has anyone noticed that we're only kind to addicts when they're dead?

In the press reports about singer Amy Winehouse before her death a year ago, there's a meticulous documentation of every foot she put wrong. Each lurch or stagger – snap! – someone was ready to record it. Even her 'pot belly'– in reality, a teensy bump visible above low slung jeans as she left a London restaurant – created spiteful headlines.

But flash forward to the days after her death a year ago and it's all warm tributes and mourning the loss of her talent. The same public mood swing followed Whitney Houston's death in February. After years of condemnation disguised as newsgathering ('Whitney Houston leaves club stumbling and bleeding'; 'Whitney Houston will always love crack,'), there was the same outpouring of sorrow when she died. So why can't we show the same compassion for drug dependent people when they're alive?

Because we're still stuck in the idea that people bring addiction on themselves, says psychiatrist Dr Glenys Dore, clinical director of the Northern Sydney Drug and Alcohol Service.

'The perception is that it's all about lack of self control. Yet no one sets out to become addicted. Every patient has said to me 'I never imagined this could happen',' says Dore who's worked in addiction medicine for over 20 years.

To understand why quitting drugs isn't as simple as pulling yourself together, we need more education on the biology of addiction. Drug use might start out as personal choice but once dependence develops, there are changes in the brain that amp up the drive to use and override willpower.

Let's start with the brain's reward system. To make sure humans survive, nature has wired us to feel pleasure when we do things like eating or reproducing that are essential to our species' survival. The trouble with alcohol or drugs like cocaine, heroin and cannabis is that they can excite the brain even more than sex, says Dore. That's why the priorities in the brain change so that the drive to have the drug eclipses the drive to eat.

'On top of that, the brain becomes more reactive to stress so people become less able to deal with pressure – and are driven to use a drug more as a result. The more problems mount up, the more people feel driven to use the drug.'

This explains what the rest of us don't get – why people continue using or drinking even when the fallout from their habit is destroying their lives.

Drug dependence is a complex mix of biology and environment, according to Dore who says there are genetic

differences that can influence our susceptibility, including how we respond to a particular drug.

'If I have three or four drinks I get a headache and feel nauseous so I've got inbuilt protection against drinking too much, but we find that people who get into trouble with alcohol don't get the same cues that they've gone too far,' she says. 'It's similar with other drugs – one person can smoke cannabis and have a panic attack and never touch it again, while others feel relaxed and more sociable.'

Having anxiety or other mental health problems can also make you more vulnerable and although the 'addictive personality' is a myth, personality traits like being very impulsive or a risk taker can make some of us easier targets for addiction, Dore says.

You can't shame someone out of a drug or alcohol habit because stigma only makes things worse. Just as telling people they're fat doesn't make them thin, calling people junkies doesn't make them clean.

'The shame generated by stigma is a critical part of addiction. Not only can it act as a barrier to getting help, but hurtful reactions from other people can drive more drug use. I say to medical students 'you should treat people with addictions just as you would any other patient – or as you'd like your own family members or yourself to be treated,' ' she adds.

'We need to see symptoms of drug addiction not just as bad behaviour but as a health problem – if Amy Winehouse's symptoms had been caused by epilepsy, we'd be more sympathetic.

'There's also a huge paradox in the way we promote food, alcohol and gambling in our society – yet when someone develops a problem with any of these things they become vilified.'

'Gateway Drug' Is Alcohol, Not Marijuana

Stephen C. Webster (5/7/12)

A study in the August edition of *The Journal of School Health* finds that the generations old theory of a 'gateway drug' effect is in fact accurate for some drug users, but shifts the blame for those addicts' escalating substance abuse away from marijuana and onto the most pervasive and socially accepted drug in American life: alcohol.

Using a nationally representative sample from the University of Michigan's annual *Monitoring the Future* survey, the study blasts holes in drug war orthodoxy wide enough to drive a truck
through, definitively proving that marijuana use is not the primary indicator of whether a person will move on to more dangerous substances.

‘By delaying the onset of alcohol initiation, rates of both licit substance abuse like tobacco and illicit substance use like marijuana and other drugs will be positively affected, and they’ll hopefully go down,’ study co-author Adam E. Barry, an assistant professor at the University of Florida’s Department of Health Education & Behaviour, told Raw Story in an exclusive interview.

While Barry’s study shows evidence that substance abuse behaviours can be predicted with a high degree of accuracy by examining a subject’s drug history, he believes that the persistent and misguided notion of marijuana as the primary gateway to more harmful substances went awry because its creators – who called it the ‘Stepping Stone Hypothesis’ in the ’Reefer Madness’ era of the 1930s – fundamentally misread the data and failed to conduct an adequate follow-up.

‘Some of these earlier iterations needed to be fleshed out,’ Barry said. ‘That’s why we wanted to study this. The latest form of the gateway theory is that it begins with [marijuana] and moves on finally to what laypeople often call ‘harder drugs.’ As you can see from the findings of our study, it confirmed this gateway hypothesis, but it follows progression from licit substances, specifically alcohol, and moves on to illicit substances.’

‘So, basically, if we know what someone says with regards to their alcohol use, then we should be able to predict what they respond to with other [drugs],’ he explained. ‘Another way to say it is, if we know someone has done [the least prevalent drug] heroin, then we can assume they have tried all the others.’

And while that standardized progression certainly doesn’t fit every single drug user, the study took that into account too. ‘There were a low enough number of errors that you are able to accurately predict [future substance abuse behaviour] … with about 92 percent accuracy,’ Barry said.

By comparing substance abuse rates between drinkers and non-drinkers, they ultimately found that seniors in high school who had consumed alcohol at least once in their lives ‘were 13 times more likely to use cigarettes, 16 times more likely to use marijuana and other narcotics, and 13 times more likely to use cocaine.’

Barry also noted that the rates of tobacco and marijuana use among all 12th grade high school students were virtually the same, confirming a report the Centres for Disease Control published in June, and an analysis Raw Story published in May.

The study should give pause to anyone involved in youth drug awareness programs, as its findings suggest that making science-based alcohol education a top priority could actually turn the tide of the drug war – but only if lawmakers and leading educators decide to use that same science as a foundation for public policy and school curriculum.

'I think [these results] have to do with level of access children have to alcohol, and that alcohol is viewed as less harmful than some of these other substances,' Barry added.

That social misconception, largely driven by the sheer popularity of alcohol and the profits it generates for private industry, is diametrically opposed to the most current science available on drug harms. A study published in 2010 in the medical journal *Lancet* ranked alcohol as the most harmful drug of all, above heroin, crack, meth, cocaine and tobacco. Even more striking: *The Lancet* study found that harms to others near the user were more than double those of the second most harmful drug, heroin.

In its last Youth Risk Behaviour Survey, the CDC found (PDF) that about 71 percent of American students have had at least one alcoholic beverage in their lifetime, and almost 39 percent reported having at least one drink within the last 30 days.

'This is a time of budget tightening,' Barry concluded. 'Many social services are being cut. If you take [our findings] and apply them to a school health setting, we believe that you are going to get the best bang for your buck by focusing on alcohol.'

Aussies The Biggest Recreational Drug Users In The World

Paul Toohey, *News.com.au* (27/6/12)

Australians and New Zealanders are the biggest recreational drug users in the world, according to the 2012 United Nations World Drug Report.

The use of ecstasy is in decline in Australia, but cocaine use is on the rise and Australians and New Zealanders consume more marijuana per capita than any other country.

Altogether, annual use among Australians and New Zealand for all drugs except for heroin 'remain much higher than the global average', said the report, published a short time ago in Vienna.

The major destinations for cocaine traffickers continue to be in North America, Europe, Australia and New Zealand, suggesting the Mexican drug cartels are continuing to make strong inroads into the Oceanic market.

The report states that cannabis is the most widely used illicit substance across the globe, with the highest prevalence of use among Australians and New Zealanders.

Between 9.1 and 14.6 per cent of the population use the drug, compared to the estimated annual worldwide usage of 2.6 to 5.0 per cent.

The report, which mostly relies from statistics gathered in 2010, says that while cocaine use has decreased in North America, its use is up a full percentage point in Australia with 1.5 to 1.9 per cent of the population using the drug.

Ecstasy use in Australian declined from 3.7 per cent to 3.0 percent between 2007 and 2010, but this might be explained by the fact Australia reported more ecstasy lab busts than any other country.. The report also noted strong growing trends in the black market for pills.

'There was also a statistically significant increase in the use of pharmaceuticals for non-medical purposes in Australia, with annual prevalence for persons aged 14 and over rising from 3.7 per cent in 2007 to 4.2 per cent in 2010,' said the report.

'Cannabis remains the most prevalent drug in Australia, as well as the main substance accounting for demand for treatment for substance abuse (50 per cent), with heroin and amphetamines accounting for almost 20 per cent of treatment demand.

'Of the 1,790 drug-related deaths reported in 2010, nearly 40 per cent were due to opioids and approximately a quarter attributed to benzodiazepines.'

The report also indicated that Australia may be a victim of its own high reporting standards, especially in regards to cocaine, because countries such as China and India did not provide information for the report. But the decrease in ecstasy use may not be because of its fading popularity but because of seizures.

'In Oceania, seizures also continued to increase in Australia, where 112kg of 'ecstasy'-group substances were seized in 2010, compared with 54kg in 2008 and 59kg in 2009,' said the report.

Australia had the highest number of lab busts in 2010, with 17 shut down.

But the report said: 'Despite a decline in reported 'ecstasy' manufacture, it is worth noting that some countries, such as Australia and Indonesia, reported an increase in the manufacturing capability or size of laboratories.'

The report also found that most Australians who used more than one drug also used cannabis, but the majority of cannabis users – 61 per cent – did not use any other drug.

Most heroin seized moving into Australia was sourced from South-West Asia but Australian use overall remained low. This was attributed to the lasting effects of worldwide 2001 heroin drought, which caused many users to switch drugs.

Damage by disease to 2010 Afghan poppy crops has painted a picture of lower opiate use worldwide, but the report warns the recovery of the crops is likely to see an increase in heroin use once again.

Globally, cannabis remains the most widely used drug followed by amphetamine-type stimulants, including ecstasy.

How To Set Teens Up For A Healthy Relationship With Alcohol

Steve Allsop, National Drug Research Institute, Curtin University

Young Australians are exposed to a range of risks from alcohol, both from drinking themselves and other people's use. According to the most recent National Drug Strategy Household Survey:

- A third of 14- to 19-year-olds drank at levels that put them at risk of injury at least once during the previous month;
- Around 28% of 14- to 19-year-olds reported being victims of alcohol-related verbal abuse (and 13% were victims of alcohol-related physical abuse) in the previous 12 months.

Parents may believe they no longer influence their teen's behaviour and the choices they make about using alcohol. But the evidence tells us that what parents do, how they communicate their expectations to their children and whether they supply alcohol does influence their children's choices.

Reducing the risk of harm

The first question parents usually ask when considering this issue is, 'what is a safe level of alcohol consumption for children?'.

Some suggest it's best to introduce children to small amounts of alcohol in the presence of parents so that by the time they turn 18, they have learnt some drinking skills. But there's no evidence to support this contention, and indeed there is emerging evidence that early parental supply of alcohol is associated with increased risks.

The National Health and Medical Research Council (NHMRC) guidelines emphasise there is no evidence to guide decisions about low-risk drinking among young people. The NHMRC concludes that for those under the age of 15, not drinking is important. And for those aged 15 to 17, the safest option is to not drink and to delay starting drinking.

Evidence has emerged over the past couple of years about the impact of alcohol on developing brains – most of this is based on animal studies but there are a handful of human studies as well. These studies identify physical changes in the brain and evidence of impaired problem solving and other cognitive functioning. This, in turn, might influence the ability of the child to reach their full educational capacity.

From a scientific point of view, the jury is still out about the extent of alcohol's impact on growing brains. But as a parent, this risk of long-term harm has made me more conservative about my children's access to alcohol.

After years of discussing alcohol and its effects with my children, I explained

the evidence to them and indicated that for this reason, my advice was to avoid drinking for as long as possible. But I also pointed out that if they chose to ignore this advice, I wanted to know, and I preferred they only drank in my presence and only small amounts.

I made it clear to other parents that this was my expectation of my children and under no circumstances were they to provide them with alcohol.

Your expectations matter

Australian children live in a world where alcohol is regularly promoted and consumed, so it's useful for them to discuss alcohol from an early age and understand what their parents expect of them.

Parents can use media portrayal of alcohol use and related problems to start discussions that are general, rather than subjective and sensitive. The best time to start talking about risky alcohol use is before it happens, not at 2am when tempers are frayed.

Talk about how alcohol might affect them even if they don't drink themselves. Rather than just telling them what concerns you, try to find out what they might be concerned about, such as how drinking may lead to behaviour they'll later regret.

You could ask if they know of examples of this happening to others – either on television or in movies, or in their day-to-day lives. This can help you reach an agreement on your rules about drinking and explain the rationale for those rules.

As children get older, parents might expect that peer influence usurps their own. But parents have a critical role: know where your children are and who they are with, and be clear about your expectations (keeping in touch, time to come home, what will happen if they break the rules) and what to do if they get into difficulty.

Discuss how other people's drinking might affect them and help them develop responses, such as how to cope with pressure to drink, how to defuse aggression and how to avoid getting in a car with someone who is intoxicated.

Sometimes their friends may have difficulty with alcohol – alcohol overdose is not uncommon – so it's worth talking about how they can 'look after their mates', such as placing them in the recovery position and calling for help. Looking after your mates is a way of also learning how to look after yourself. And make sure your child also knows where to get further advice.

Your actions matter

If you decide to allow your child to drink some alcohol, be aware that the younger they commence risky drinking, the greater the downstream threats. Discuss how they can reduce risks by only drinking in the presence of responsible adults, never drinking more than one or two drinks or on an empty stomach, and never drinking and driving.

Think about your own behaviour: how we use alcohol can be a powerful influence on our children. And importantly, create a safe, loving and functional environment for your children. Teens who live in a secure family with good two-way communication have lower risk of alcohol-related harm.

Detained Ice Abusers Typically Young Women

***PerthNow* (19/6/12)**

Amphetamine users are more likely to commit property, robbery and weapons offences than users of other drugs but are no more prone to violent offences, a report has shown.

Researchers at Edith Cowan University in Perth have used data collected from the East Perth police Watch House to examine the link between crime and amphetamine use in Western Australia, where the illegal drug's prevalence is much higher than in other Australian states and territories.

Their finding that speed or ice users were not necessarily more violent than users of other illegal substances contrasts with the common association between amphetamine abuse and physical harm against others.

The typical profile of a Perth detainee amphetamine user was female, non-indigenous, 24 to 28 years of age, single with no dependent children, unemployed, educated to year 10 or lower, living at the home of another person, and first arrested before the age of 18.

'The profile … indicates a transient lifestyle and reduced ability of users to find employment because of lower education and current substance use,' the report said.

'There may also be an increased risk in this population for mental health complaints either as a result of substance use or the lifestyle it coincides with.'

There was also a vulnerability associated with the young women who used amphetamines.

'It is not unreasonable to anticipate problems for these females if they become pregnant,' the report said.

Youth Drug Support www.yds.org.au

Family Drug Support www.fds.org.au

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

A Snapshot Of Methadone And Buprenorphine Treatment In Australia

Alex Wodak, *The Conversation* (19/6/12)

The Australian Institute of Health and Welfare (AIHW) released its annual report of the methadone and buprenorphine treatment programs operated by the states and territories today. On census day – June 2011 – 46,446 patients were being treated by 1,444 prescribers.

The number of patients in treatment increased by under 1% in 2011 following 5% to 6% annual growth between 2007 and 2010. And the number of patients in treatment nationally has increased 88% since 1998.

Dr Stella Dalton started methadone treatment for heroin dependence in Australia in 1969, with methadone. Methadone is a long-acting, oral and legal opiate. There's copious research data, including much high-quality evidence, to demonstrate that this treatment is effective, generally safe, as well as being cost-effective. Up to $7 is saved for every dollar invested.

Buprenorphine is a synthetic drug, which has some methadone-like actions but which also antagonises opiate drugs. Buprenorphine is now combined with naloxone, a pure antagonist, to deter some of the unsanctioned injecting of buprenorphine.

The proportion of Australians who support methadone treatment has increased in recent years and was over 69% in 2010. But there's a widespread perception that there are 'no votes in methadone or buprenorphine treatment'. Consequently, programs still often struggle for funding.

Data sets such as the AIHW's cannot, of course, give any indication of the number of Australians who would meet the criteria for treatment and would like to be in treatment but are unable to obtain or afford treatment. That number is likely to be considerably higher.

Although the Commonwealth pays for the cost of the pharmaceuticals (methadone and buprenorphine), patients undergoing this treatment often have to pay for other costs (including the dispensing of the medication). This 'co-payment' amounts to a very significant sum for this low-income population.

Many opiate-dependent people are probably deterred from seeking treatment while others leave treatment early because of the resulting financial strain. Retention is much higher in New Zealand where treatment is free. There are now moves to include methadone and buprenorphine in the Pharmaceutical Benefits Scheme to

increase the rate of uptake and retention.

Methadone and buprenorphine treatment also needs to adjust to recent changes in the nature of opiate dependence in Australia. Long-acting prescription opiates (such as MS Contin and OxyContin) are now consumed by many who previously only ever injected heroin. While the number of Australians injecting heroin is probably stable or perhaps even decreasing, the number using heroin plus prescription opiates or prescription opiates alone is probably increasing.

Most of the heroin reaching Australia is believed to arrive at Sydney airport or the nearby Botany Bay container terminal. Not surprisingly, New South Wales has always reported more heroin related activities than the rest of the country. NSW (2.6), Victoria (2.4) and the ACT (2.3) have the highest rates of methadone and buprenorphine treatment per 1,000 population with Tasmania (1.3), Queensland (1.2) and NT (0.5) having the lowest rates of treatment.

More than two-thirds (69%) receive methadone, 14% receive buprenorphine while 18% receive the combination drug (buprenorphine-naloxone). Males account for almost two-thirds (65%) of patients while more than a third (35%) are females. The proportions under 29 years (15%) and 50 or more years (16%) are now very similar. Almost 40% are now aged between 30 and 39 years.

The median age of patients in 2011 was 38 years. The proportion of patients aged 30 years and over increased from 72% in 2006 to 85% in 2011. This is now an ageing population presumably reflecting a decrease in recruits to heroin dependence since the onset of the heroin shortage in 2000. Almost one in ten patients (9%) identified as Indigenous, a far higher proportion than in the general population.

Almost 3,400 patients now receive treatment while in a correctional facility. This represents about 7% of all patients in treatment in Australia. The number of prison inmates receiving methadone or buprenorphine has increased by 32% since 2005.

Australian methadone and buprenorphine treatment probably compares well with similar treatment in many other rich countries. But the quality of this treatment is very inferior to the standard of health care provided to Australians who have conditions such as diabetes, breast cancer or hypertension.

This annual data set provides a mine of information for service providers and government officials who would like to narrow the gap between methadone and buprenorphine treatment and other forms of health care. But that's hard to do when heroin and other forms of opiate dependence are considered forms of criminality.

Police Drug Test Alarm As Heroin, Amphetamines Seized

Peter Mickelburough, *Herald Sun* (31/7/12)

Officers have also been caught selling and using drugs including heroin and amphetamines.

Drug offences within the ranks have led to criminal charges and a sacking.

Seven drug-affected officers were caught in the 15 months to February 22, taking the total since the force began drug testing in August 2008 to 13.

Eleven other police had complaints of drug use and dealing substantiated against them in 2009-11.

But force command does not admit to a growing drug problem in the ranks.

'Without having access to the total data, we would be speculating as to the causal factors that were at play regarding the increase in failed tests,' a spokeswoman said.

Police command won't say what substances were detected, or what role officers who failed were working in at the time.

It released the new test results under Freedom of Information six months after refusing to voluntarily give the data to the *Herald Sun*, ending a policy of releasing the figures on request.

Police test rates had risen but it would still take more than 21 years to check every officer. Testing all police once a year would cost about $1 million.

Drug testing company Fit4Duty boss Darron Brien said the level of police testing remained very low.

Criminal charges were laid against three officers who failed drug tests. Another officer was sacked, three resigned, two were disciplined, and one was counselled.

Seven drug test failures came from tests on 55 officers singled out by the Ethical Standards Department, three from 'high-risk' units, such as drug and undercover investigators, and three from tests conducted for 'performance management' issues.

Forty-seven officers and seven unsworn staff were also investigated in the past three years over allegations of dealing, possessing and using drugs including marijuana, heroin, amphetamines, cocaine, and ecstasy.

One in four complaints was proven.

Police Blast Drug Culture After Festival Finds

***ABC News* (30/7/12)**

Police say the drug culture at Australian music festivals is getting worse, after a crack-down at the Splendour in the Grass event over the weekend.

More than 400 people were found with drugs including amphetamines, cocaine and ecstasy at Byron Bay, on the New South Wales north coast.

About 20,000 revellers were at the festival between Thursday and Sunday.

Officers searched 730 people and 30 vehicles during the operation, which also employed detection dogs.

They say they found 421 people with drugs, including six juveniles who will be dealt with under the Young Offenders Act.

Superintendent Stuart Wilkins says it is a major increase compared to recent festivals.

He says the message about illegal drugs is not getting across.

'Clearly there were people under the influence of drugs,' he said.

'It is a culture, there's no question about it. The way forward I'm not sure, but whilst ever people take illicit drugs and posses illicit drugs, we have an obligation to respond to that.'

Police also criticised the number of very drunk people at the festival, including one woman who elbowed a female officer in the face.

I Want To Tell You About My Struggles, But I Don't Really Know How

Ben Pobjie, *news.com.au* (1/5/12)

Comedian and writer Ben Pobjie is outspoken about his mental illness. Here he writes exclusively for news.com.au's one hour/one life campaign about how to have the tough conversations.

How do you talk about depression? I don't know. But of course I do know – I do it all the time. In public, speaking to an audience, I know exactly how to talk about depression.

I can speak about it easily to strangers, and I can write articles about my experience, and it's all perfectly clear. Just be honest, be direct, and make it clear how important it is that depression is treated as an illness.

That's the crucial thing, isn't it? Depression is an illness, a medical problem, and we have to act accordingly. Anyone who speaks publicly about it will tell you: you wouldn't tell someone with a broken leg to 'just snap out of it'; you wouldn't tell a cancer patient to 'just cheer up'; why should you treat depression any differently?

You shouldn't, of course. It's just an illness, and that's how you should treat it, and I will tell you that over and over and over again.

But I'm a hypocrite. Completely and utterly. A fraud. Because after all those fine-sounding words, I just don't treat depression like any other illness. And in my experience, nobody else does either. And I still haven't figured out why.

Why, when I get together with friends and family, can't I talk about depression like a medical problem? There are medical problems more terrifying and dreadful than depression – heart disease, cancer, any number of vicious diseases that can change, and end, lives. But they don't carry the stigma when it comes to conversation that depression does.

People with cancer can tell their friends they have cancer. It might be terribly upsetting for all concerned, but you won't feel ashamed for having it, and you won't be afraid of…

What? What am I afraid of? The fear seems amorphous, impossible to define. I don't expect my family and friends to abandon me, or tell me to shut up, so what do I expect? I'm not sure. All I know is, I can't call my sister and say, 'My depression was playing up over the weekend.'

I can't sit in the pub and describe my symptoms to a group of friends as if I'm telling them about the time I had my knee operation. I can't announce to my workmates that I'm suffering a panic attack, the way I would if it was an asthma attack. It's just too hard.

But why is this? Why is it so hard? It's not like I deny that depression is an illness. I preach that gospel every chance I get. But I don't practise it. Neither does anyone else I know. Saying it's a medical issue is easy. Acting like it's a medical issue is hard.

And I think that's because when we say it's an illness like any other, we're in denial. We desperately want to believe it. We desperately hope that we can act like it's a medical issue. And we desperately wish to be able to sit down with a friend and talk about our depression the way we'd talk about the flu. That would make things so much easier, because talking about it can make it easier.

I've eased my pain so often this way – but I've done it by blogging, writing, public speaking, talking about it to strangers more than my own friends and family. Somehow, broadcasting my mental illness to the world seems more

natural than chatting about it over a cup of tea. It's ridiculous.

But it just goes to show, depression is different. It's not like having a cold or a stomachache. It's not even like having cancer. It's its own strange beast, undoubtedly an illness, but one that twists and distorts your brain so that you're convinced it's more than an illness.

For example, I've never heard of an MS sufferer who seriously considers the possibility that while everyone else suffers from MS due to a disorder of the nervous system, they personally suffer from it just because they deserve it.

But that's exactly how I feel about my depression: I can't shake the haunting possibility that for me, depression isn't an illness; that I'm that one guy who suffers from depression just because I'm genuinely an awful person and I'm just smart enough to recognise it. That's no everyday illness there.

Similarly, there is the issue of guilt. And the issue of shame. I suffer from horrific panic attacks, and equally horrific depressive episodes, where I sink into a mental pit and just sit there for a while, cursing myself. After any of these episodes, it is quite likely I'll be overwhelmed by a wave of guilt and shame, a sort of second invasion force, securing the beachheads that the panic and depression first stormed. Guilt for the trouble and heartache I cause my loved ones, and shame for my weakness at succumbing to the illness. It's awful.

Funnily enough, those feelings of guilt and shame don't strike me following an attack of hayfever, or a bad headache. There's no 'why did you do that, you idiot?' attached to a bout of gastro.

No, depression is an illness, but it's an extraordinary one. That doesn't mean we can't talk about it openly, without guilt or shame, but it will always be intensely difficult, and it'll take a lot of work to get to that point. Not just individually, but as a society.

We need to reach a point where friends can talk about their depression without fear, and without stress, and without feeling like we're drowning in awkwardness.

But right now we're not there, and I can't go around pretending being depressed is just another way of being sick. It's a special category – it's easier than other illnesses and harder, better to live with and worse, a minor inconvenience and an all-consuming, crippling burden.

And I would love to buy you a drink and tell you about it sometime. But first you're going to have to tell me how.

If you or someone you know may be at risk of suicide contact Lifeline 13 11 14, beyondblue 1300 22 46 36, or Salvo Care Line 1300 36 36 22. Lifeline's online service is live on May 8.

Events Diary

STEPPING STONES COURSES

Sat 22 & Sun 23 Sept
Sat 29 & Sun 30 Sept
9.30 am – 4 pm

CANBERRA
(Course runs over two consecutive weekends)
Venue: Canberra Hospital, Yamba Dr, Garran
Enquiries: Theo 0402 604 354 or (02) 4782 9222

Sat 13 & Sun 14 Oct
Sat 20 & Sun 21 Oct
9.30 am – 4 pm

BENDIGO
(Course runs over two consecutive weekends)
Venue: Neighbourhood House, 21 Neale St, Bendigo
Enquiries: Theo 0402 604 354 or (02) 4782 9222

Sat 20 & Sun 21 Oct
Sat 27 & Sun 28 Oct
9.30 am – 4 pm

GEELONG
(Course runs over two consecutive weekends)
Venue: Swanston Centre, cnr Swanston & Myers Sts, Geelong
Enquiries: Debbie 0412 382 812 or (02) 4782 9222

Sat 24 & Sun 25 Nov
Sat 1 & Sun 2 Dec
9.30 am – 4 pm

CENTRAL COAST
(Course runs over two consecutive weekends)
Venue: Arafmi Cottage, 6/20 Kincumber St, Kincumber
Enquiries: Marion 0439 435 382 or (02) 4782 9222

Sat 20 & Sun 21 Oct
Sat 27 & Sun 28 Oct
9.30 am – 4 pm

ADELAIDE
(Course runs over two consecutive weekends)
Venue: Training Room, 90 Fourth Ave, Joslin
Enquiries: Kath 0401 732 129, Sheryl 0428 271 743 or (02) 4782 9222

Sat 27 & Sun 28 Oct
Sat 3 & Sun 4 Nov
9.30 am – 4 pm

SYDNEY
(Course runs over two consecutive weekends)
Venue: *1st weekend:* Club Burwood, Balcony Room, 97 Burwood Rd, Burwood
2nd weekend: Burwood RSL, Ambassador Room, Level 1, 96 Shaftsbury Rd, Burwood
Enquiries: (02) 4782 9222

Sat 3 & Sun 4 Nov **Sat 10 & Sun 11 Nov** **9.30 am – 4 pm**	**BRISBANE** (Course runs over two consecutive weekends) **Venue:** TBA **Enquiries:** Dom 0419 689 857 or (02) 4782 9222
Sat 24 & Sun 25 Nov **Sat 1 & Sun 2 Dec** **9.30 am – 4 pm**	**PORT MACQUARIE** (Course runs over two consecutive weekends) **Venue:** TBA **Enquiries:** Theo 0402 604 354 or Pam 0438 994 269
	PERTH For information regarding the proposed Stepping Stones Course, please ring Palmerston Corporate on (08) 9287 5400 or email sharris@palmerston.org.au

VOLUNTEER TRAINING

Sat 27 & Sun 28 Oct **9.30 am – 4.30 pm**	**SYDNEY** **Venue:** TBA **Enquiries:** (02) 4782 9222
Sat 8 & Sun 9 Dec **9.30 am – 4.30 pm**	**CANBERRA** **Venue:** TBA **Enquiries:** (02) 4782 9222
Sat 1 & Sun 2 Dec **9.30 am – 4.30 pm**	**ADELAIDE** **Venue:** Training Room, 90 Fourth Ave, Joslin **Enquiries:** Kath 0401 732 129, Sheryl 0428 271 743 or (02) 4782 9222

MULGOA – VOLUNTEERS ANNUAL WORKSHOP

The most important annual training event for FDS volunteers

Fri 16, Sat 17 & Sun 18 Nov	**Venue:** Winbourne, Edmund Rice Retreat & Conference Centre, 1315 Mulgoa Rd, Mulgoa **Times:** Weekend commences Friday 16 November at 7 pm and concludes Sunday 18 November at approx 3 pm **Enquiries:** (02) 4782 9222

REMEMBRANCE CEREMONIES

Sat 20 October

6 pm

SYDNEY

Please join us to acknowledge the lives lost, support those who grieve and pray for those who continue to struggle. Followed by a light supper.

Venue: Ashfield Uniting Church, 180 Liverpool Rd, Ashfield
Enquiries: (02) 4782 9222

Mon 22 October

1 pm – 2 pm

SYDNEY

There will be guest speakers.

Venue: Wayside Chapel, 29 Hughes St, Potts Point
Enquiries: (02) 4782 9222

Mon 8 October

12.30 pm – 1.30 pm

Please note change of date

ACT

Followed by light refreshments.

Venue: Weston Park, Yarralumla ACT (at the dedicated memorial located on the right of Weston Park Road opposite the Prescott Lane Junction)
Enquiries: Marion McConnell (02) 6254 2961

NORTHERN BEACHES PUBLIC FORUM

My Family, Drugs, Alcohol and Adolescence

Are you worried about your children experimenting with drugs and/or alcohol?

Mon 26 November

6.30 pm – 9 pm

Venue: Pittwater High School, Mona St, Mona Vale
Enquiries: Carol 0400 113 422 or (02) 4782 9222

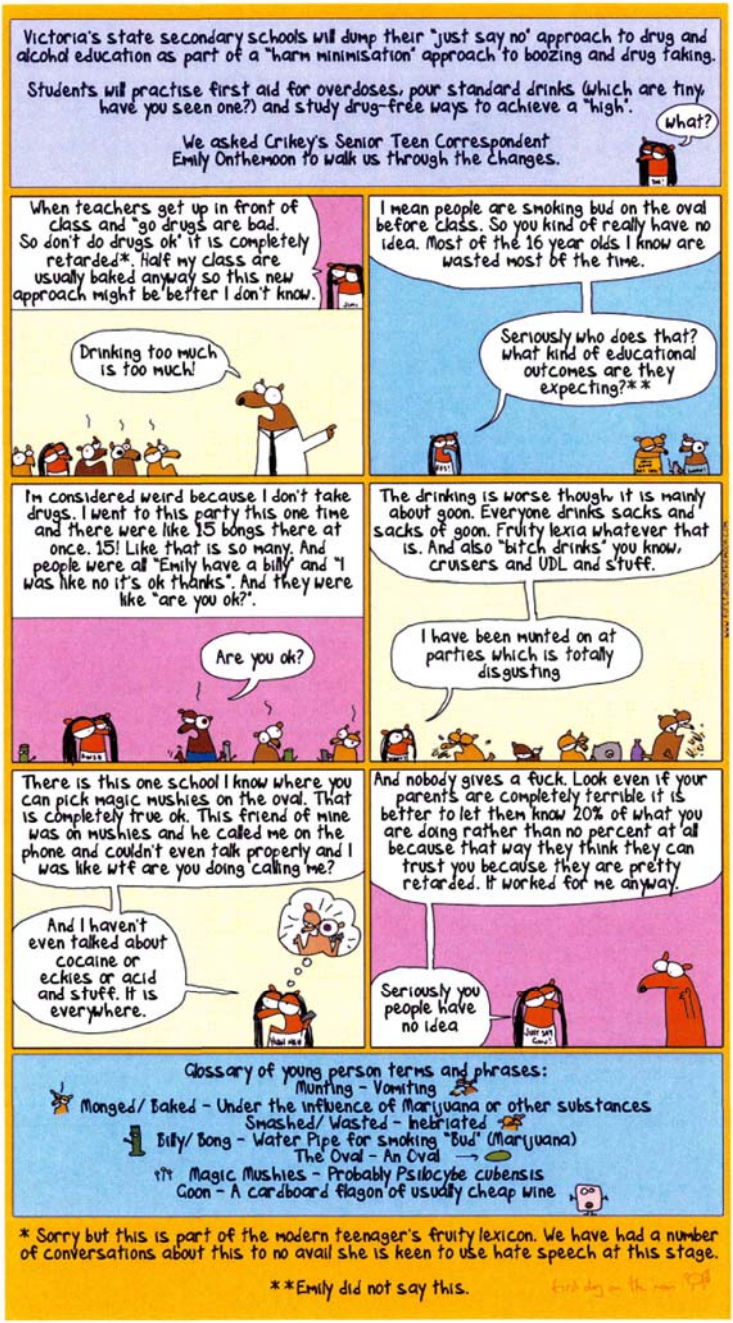
FDS 15th ANNIVERSARY CELEBRATION

We are looking for volunteers to assist with this event.

Sat 10 November

10 am – 4 pm

Venue: TBA
Enquiries: (02) 4782 9222


Victoria's state secondary schools will dump their "just say no" approach to drug and alcohol education as part of a "harm minimisation" approach to boozing and drug taking.
Students will practise first aid for overdoses, pour standard drinks (which are tiny, have you seen one?) and study drug-free ways to achieve a "high".
We asked Crikey's Senior Teen Correspondent Emily Onthemoon to walk us through the changes.
What?
When teachers get up in front of class and "go drugs are bad. So don't do drugs ok" it is completely retarded*. Half my class are usually baked anyway so this new approach might be better I don't know.
Drinking too much is too much!
I mean people are smoking bud on the oval before class. So you kind of really have no idea. Most of the 16 year olds I know are wasted most of the time.
Seriously who does that? What kind of educational outcomes are they expecting?**
I'm considered weird because I don't take drugs. I went to this party this one time and there were like 15 bongs there at once. 15! Like that is so many. And people were all "Emily have a billy" and "I was like no it's ok thanks". And they were like "are you ok?".
Are you ok?
The drinking is worse though it is mainly about goon. Everyone drinks sacks and sacks of goon. Fruity lexia whatever that is. And also "bitch drinks" you know, cruisers and UDL and stuff.
I have been munted on at parties which is totally disgusting
There is this one school I know where you can pick magic mushies on the oval. That is completely true ok. This friend of mine was on mushies and he called me on the phone and couldn't even talk properly and I was like wtf are you doing calling me?
And I haven't even talked about cocaine or eckies or acid and stuff. It is everywhere.
And nobody gives a fuck. Look even if your parents are completely terrible it is better to let them know 20% of what you are doing rather than no percent at all because that way they think they can trust you because they are pretty retarded. It worked for me anyway.
Seriously you people have no idea
Glossary of young person terms and phrases:
Munting - Vomiting
Monged/ Baked - Under the influence of Marijuana or other substances
Smashed/ Wasted - Inebriated
Billy/ Bong - Water Pipe for smoking "Bud" (Marijuana)
The Oval - An Oval
Magic Mushies - Probably Psilocybe cubensis
Goon - A cardboard flagon of usually cheap wine
* Sorry but this is part of the modern teenager's fruity lexicon. We have had a number of conversations about this to no avail she is keen to use hate speech at this stage.
**Emily did not say this.

NEWS FROM OVERSEAS

United States

CHRIS CHRISTIE CALLS WAR ON DRUGS 'A FAILURE'

WASHINGTON: New Jersey Gov. Chris Christie (R) has become the latest leader to condemn the now 40-year-old war on drugs.

'The war on drugs, while well-intentioned, has been a failure,' Christie said Monday during a speech at The Brookings Institution. 'We're warehousing addicted people everyday in state prisons in New Jersey, giving them no treatment.'

Christie stressed the merits of legislation recently passed by New Jersey state lawmakers that institutes a year of mandatory treatment for first-time, non-violent drug offenders instead of jail time. The mandatory treatment program, slated to be put in place in at least three counties during its first year, will eventually expand state-wide over the next five years.

Christie, one of the few Republican lawmakers to actively speak out against the effects of America's drug war policies, sought to put a conservative moral spin on his position.

'If you're pro-life, as I am, you can't be pro-life just in the womb,' he said. 'Every life is precious and every one of God's creatures can be redeemed, but they won't if we ignore them.'

Perhaps to blunt conservative criticism of the cost of such a program to the state, Christie argued in favor of the economics of drug treatment over incarceration.

'It costs us $49,000 a year to warehouse a prisoner in New Jersey state prisons last year,' Christie said. 'A full year of inpatient drug treatment costs $24,000 a year.'

Christie's strong stance on the war on drugs and drug treatment contrasts sharply with the less-defined series of positions on drug policy taken by presumptive Republican presidential nominee Mitt Romney. A recent overview of Romney's past statements on drugs, undertaken by The Atlantic, concluded that the former Massachusetts governor's position has been difficult to pin down.

While in 2007 Romney was quoted in support of the war on drugs and spending overseas to staunch the production and importation of drugs into the United States, he later shifted his position, calling the drug war 'disappointing' due to the disparity between funds spent on foreign enforcement and those used for domestic anti-drug education efforts.

During the 2012 Republican primary, Romney again returned to the topic of

education when asked about the drug war, telling a crowd in New Hampshire, 'We've got to not only continue our war on drugs from a police standpoint but also to market again to our young people about the perils of drugs.'

Gov. Christie, however, emphasizes a focus on the longer term problem of what to do with those already involved with and convicted of drug use.

'You can certainly make the argument that no one should try drugs in the first place, I certainly am in that camp,' Christie said, 'but tens of millions of people in our society do every year, and for some people they can try it and walk away from it, but for others the first time they try it they become an addict, and they're sick and they need treatment.'

K. Sheridan, Washington
The Age (3/11/11)

Colombia

COLOMBIA DECRIMINALISES COCAINE AND MARIJUANA, AS LATIN AMERICAN MOMENTUM FOR DRUG POLICY REFORM CONTINUES

Colombia's Constitutional Court Friday approved the government's proposal to decriminalize the possession of small amounts of cocaine and marijuana for personal use. Anyone caught with less than 20 grams of marijuana or one gram of cocaine for personal use may receive physical or psychological treatment depending on their state of consumption, but may not be prosecuted or detained, the court ruled.

Colombia's move is part of a growing trend in Latin America. After decades of being brutalized by the U.S. government's failed prohibitionist drug policies, Latin American leaders are saying 'enough is enough.'

Last week, the government of Uruguay announced that it will submit a proposal to legalize marijuana under government-controlled regulation and sale, making it the first country in the world where the state would sell marijuana directly to its citizens. The proposal was drafted by Uruguayan President José Mujica and his staff and requires parliamentary approval before being enacted.

Friday's judicial ruling in Colombia represents yet another important step in the growing political and judicial movement in Latin America and Europe to stop treating people who consume drugs as criminals worthy of incarceration. It is consistent with prior rulings by Colombian courts before former president Álvaro Uribe sought to undermine them, and also with rulings by the Supreme Court of Argentina in 2009 and other courts in the region. The Colombian Constitutional Court's decision is obviously most important in Colombia, where it represents both a powerful repudiation of former president Uribe's push to criminalize people who use drugs and a victory for President Juan Manuel Santos' call for a new direction in drug policy.

Most decriminalization initiatives in Latin America, however, are being proposed and enacted not by courts but by presidents and national legislatures. In addition to President Santos, Guatemala's new president, Otto Pérez Molina, is an advocate of decriminalization as are – in various ways and to different degrees – the presidents of Costa Rica, Uruguay, Ecuador and Argentina. Some Latin American countries, it should be pointed out, never criminalized drug possession in the first place. This trend follows in the footsteps of European reforms since the 1990s. Portugal, which decriminalized drug possession in 2001, stands out as a model.

Decriminalizing drug possession appears to have little impact on levels of illicit drug use. Its principal impacts are reducing arrests of drug users, especially those who are young and/or members of minority groups; reducing opportunities for low level police corruption; allowing police to focus on more serious crimes; reducing criminal justice system costs; and better enabling individuals, families, communities and local governments to deal with addiction as a health rather than criminal issue.

The United States clearly lags far behind Europe and Latin America in ending the criminalization of drug possession. Momentum for reform is growing with respect to decriminalization of marijuana possession, with Massachusetts reducing penalties in 2008, California in 2010, Connecticut in 2011 and Rhode Island earlier this year. All states, however, treat possession of other illegal drugs as a crime. Thirteen states, the District of Columbia, and the federal government currently treat possession of drugs for personal use as a misdemeanor, with penalties of up to a year in jail. The remaining thirty-seven states treat possession of cocaine, heroin and other drugs as a felony, with penalties than can include many years in prison.

While decriminalization certainly represents an important step in the right direction, it does not address many of the greater harms of prohibition, including high levels of crime, corruption and violence, empowerment of criminal organizations, massive black markets and the harmful health consequences of drugs produced in the absence of regulatory oversight. Decriminalization of drug possession is a necessary but not sufficient step toward a more comprehensive reform of the global drug prohibition regime.

Ethan Nadelmann is the executive director of the Drug Policy Alliance (www.drugpolicy.org)

Uruguay

URUGUAY GOVERNMENT SAYS IT PLANS TO SELL MARIJUANA TO REGISTERED USERS

Uruguay is planning a novel approach to fighting its rising crime: having its government sell marijuana to take drug profits out of the hands of dealers.

Under the plan backed by President Jose Mujica's leftist administration, only the government would be allowed to sell marijuana and only to adults who register on a government database, letting officials keep track of their purchases over time.

Profits would reportedly go toward rehabilitating drug addicts.

'It's a fight on both fronts: against consumption and drug trafficking. We think the prohibition of some drugs is creating more problems to society than the drug itself,' Defense Minister Eleuterio Fernandez Huidobro told reporters late on Wednesday.

Fernandez said the bill would soon be sent to Congress, which is dominated by Mujica's party, but that an exact date had not been set. If approved, Uruguay's national government would be the first in the world to directly sell marijuana to its citizens. Some local governments do so.

The proposed measure elicited responses ranging from support to criticism to humour.

'People who consume are not going to buy it from the state,' said Natalia Pereira, 28, adding that she smokes marijuana occasionally. 'There is going to be mistrust buying it from a place where you have to register and they can typecast you.'

Media reports have said that people who use more than a limited number of marijuana cigarettes would have to undergo drug rehabilitation.

'I can now imagine you going down to the kiosk to buy bread, milk and a little box of marijuana!' one person in Uruguay's capital, Montevideo, wrote on their Twitter account.

Behind the move is a series of recent gang shoot-outs and rising cocaine seizures have raised security concerns in one of Latin America's safest countries and taken a toll on Mujiica's already dipping popularity.

The Interior Ministry says from January to May, the number of homicides jumped to 133 from 76 in the same period last year.

The crime figures are small compared to its neighbours Argentina and Brazil but huge for this tiny South American country where many still take pride in its safety leaving their doors open and gathering in the streets late at night to sip on traditional mate tea.

To combat rising criminality, the government also announced a series of measures that include compensation for victims of violent crime and longer jail terms for traffickers of crack-like drugs.

The idea behind the marijuana proposal is to weaken crime by removing profits from drug dealers and diverting users from harder drugs, according to government officials.

'The main argument for this is to keep addicts from dealing and reaching substances' like base paste, a crack cocaine-like drug smoked in South America, said Juan Carlos Redin a

psychologist who works with drug addicts in Montevideo.

Redin said that Uruguayans should be allowed to grow their own marijuana because the government would run into trouble if it tries to sell it. The big question he said will be, 'Who will provide the government (with marijuana)?'

During the press conference, the defense minister said Uruguayan farmers would plant the marijuana but said more details would come soon.

'The laws of the market will rule here: whoever sells the best and the cheapest will end with drug trafficking,' Fernandez said. 'We'll have to regulate farm production so there's no contraband and regulate distribution ... we must make sure we don't affect neighbouring countries or be accused of being an international drug production centre.'

There are no laws against marijuana use in Uruguay. Possession of marijuana for personal use has never been criminalised in the country and a 1974 law gives judges discretion to determine if the amount of marijuana found on a suspect is for legal personal use or for illegal dealing.

Liberal think tanks and drug liberalisation activists hailed the planned measure.

'If they actually sell it themselves, and you have to go to the Uruguay government store to buy marijuana, then that would be a precedent for sure, but not so different than from the dispensaries in half the United States,' said Allen St. Pierre, executive director of US-based National Organisation for the Reform.

St. Pierre said the move would make Uruguay the only national government in the world selling marijuana. Numerous dispensaries on the local level in the US are allowed to sell marijuana for medical use.

Some drug rehabilitation experts disagreed with the planned bill altogether. Guillermo Castro, head of psychiatry at the Hospital Britanico in Montevideo says marijuana is a gateway to stronger drugs.

'In the long-run, marijuana is still poison,' Castro said adding that marijuana contains 17 times more carcinogens than those in tobacco and that its use is linked to higher rates of depression and suicide.

'If it's going to be openly legalised, something that is now in the hands of politics, it's important that they explain to people what it is and what it produces,' he said.

Overburdened by clogged prisons, some Latin American countries have relaxed penalties for drug possession and personal use and distanced themselves from the tough stance pushed by the United States four decades ago when the Richard Nixon administration declared the war on drugs.

'There's a real human drama where people get swept up in draconian drug laws intended to put major drug traffickers behind bars, but because the way they are implemented in Latin America, they end up putting many marijuana consumers behind bars,' said Coletta Youngers, a senior fellow at the Washington Office on Latin America think tank.

'There's a growing recognition in the region that marijuana needs to be treated differently than other drugs, because it's a clear case that the drug laws have a greater negative impact than the use of the drug itself,' Youngers said. 'If Uruguay moved in this direction they would be challenging the international drug control system.'

The Telegraph UK (21/6/12)

Afghanistan

ARMY PROBES HEROIN DEALS

KABUL: The US Army has investigated 56 soldiers on suspicion of using or distributing heroin, morphine or other opiates during 2010 and 2011, newly obtained data shows. Eight soldiers died of drug overdoses during that time.

The cases, investigated by Army Criminal Investigation Command, provide a sombre snapshot of the illicit trade in the war zone, including young Afghans peddling heroin, soldiers dying after mixing opiates, troops stealing from medical bags and Afghan soldiers and police dealing drugs to their US comrades.

In a country that provides up to 90 per cent of the world's opium, the US military struggles to monitor substance abuse but officials say it has not been a pervasive problem for troops.

Sydney Morning Herald (23/4/12)

United Kingdom

AFGHAN OPIUM CROP FAILURE 'LED TO UK HEROIN SHORTAGE'

Opium crop failures in Afghanistan in 2010 may have led to heroin shortages in the UK, the United Nations says. The 2012 UN drugs report suggests the subsequent mixing of heroin with other dangerous substances to make it go further could have contributed to a number of deaths in England and Wales.

Drugs charity Addaction said 'any unmanaged disruption in supply' could be very dangerous for users.

The UN also noted a drop in cocaine and amphetamine use in the UK in 2010/11.

Afghanistan accounts for about 63% of global poppy cultivation.

In its 2012 report, the United Nations Office on Drugs and Crime (UNODC) says plant disease, which wiped out almost half of the crop in 2010, appears to have affected illicit heroin markets elsewhere in the world, including the UK.

'By the end of October 2010 and the beginning of 2011, there were definite indications of a shortage in the availability of heroin in Ireland and the United Kingdom,' it says.

Adulteration

Total seizures of heroin in the UK fell by more than half from 1.7 tonnes in 2009 to 789 kg in 2010.

The UNODC also says the UK's Serious Organised Crime Agency reported instances of prices increasing by 50% and falls of one third in heroin purity levels.

That fall in purity was the result of heroin being mixed – or cut – with other substances, including other drugs, to stretch the supply.

'The adulteration of street heroin with substances such as benzodiazepines and barbiturates also resulted in a number of drug-related deaths in England and Wales,' the UN report says.

The UNODC admits it is difficult to establish the extent of the link between the decline of opium production in Afghanistan and shortages of heroin in Britain.

It acknowledges that the dismantling of drug smuggling networks between Turkey and the UK may also have played a role in the decline.

'The full impact of this shortage and its impact on heroin consumption, prices and purity levels may become clearer when more data for 2011 becomes available,' according to the report.

But the UNODC warns that the effect of the Afghan poppy blight may be short-lived.

It says Afghanistan has now returned to high levels of opium production, and that rises in poppy cultivation have also taken place in Burma and Laos.

Simon Antrobus, chief executive of Addaction, said the charity had seen a 'heroin drought' in 2010.

'The police often work closely with agencies like Addaction to ensure that users affected by drug seizures are supported with treatment, but any unmanaged disruption in supply can be very dangerous,' he said.

'When it happens, the strength of heroin on the street can vary hugely, and addicts can start experimenting and increasing doses to get the 'hit' they require. This can easily lead to overdose.'

Mephedrone

In other findings the report says cocaine consumption in England and Wales fell from 3% of the population in 2008/09 to 2.1% in 2010/11.

The use of amphetamines, excluding ecstasy, also dropped – from a peak of 3.2% of those aged 16-59 in 1996 to 1.0% in 2010/11.

Cannabis consumption has also been falling in the UK since 2002, the report

said. Elsewhere, it says the market in new synthetic drugs continues to evolve rapidly.

Mephedrone, also known as M-Cat, is now the third most widely consumed illicit drug among adults, after cannabis and cocaine.

In Northern Ireland, 286 of the 3,564 drug seizures in 2010-2011 involved mephedrone, considerably more than the seizures of amphetamines (128) and ecstasy (150).

Formerly a so-called 'legal high', mephedrone was made a Class B drug in 2010 after reports of its links to a number of deaths. It now carries a maximum sentence of five years for possession or 14 years for supply.

There were about 2,750 drug poisoning deaths in 2010 – the latest year for which official figures are available. About 1,800 of those were due to drug misuse – most commonly heroin.

B. Bell, *BBC News* (26/6/12)

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'WAR ON DRUGS' IS FUELLING HIV EPIDEMIC

A pressure group that includes six former presidents has called for the United Nations to acknowledge that 'repressive drug law enforcement' is driving an HIV/AIDS pandemic.

The global 'war on drugs' is forcing users away from treatment and into environments where the risk of contracting HIV is high, the Global Commission on Drug Policy (GCDP) argues.

In a report published on Tuesday, the panel urges the UN to 'acknowledge and address the causal links between the war on drugs and the spread of HIV/AIDS and drug market violence'.

It also presented evidence that aggressive law enforcement policies created barriers to HIV treatment.

'The public health implications of HIV treatment disruptions resulting from drug law enforcement tactics have not been appropriately recognised as a major impediment to efforts to control the global HIV/AIDS pandemic,' it argues.

The GCDP is a panel of politicians, writers and businessmen that advocates decriminalising drug use by those who 'do no harm to others'.

Members of the GCDP include six former presidents, four of whom are from Latin America: Mexico's Ernesto Zedillo, Fernando Henrique Cardoso of Brazil, Ricardo Lagos of Chile and Colombia's Cesar Gaviria.

It was Gaviria who led Colombia when police gunned down the notorious drug-runner Pablo Escobar in 1993.

Other supporters include the European Union's former foreign policy chief Javier Solana and George Shultz, who served as US secretary of state during Ronald Reagan's presidency.

The report accuses the US, Russia and Thailand of ignoring scientific evidence about the relationship between law enforcement policies and HIV rates 'with devastating consequences'.

The increased availability of drugs worldwide proved that the strategy is failing, it says.

'The war on drugs has failed, and millions of new HIV infections and AIDS deaths can be averted if action is taken now,' it concludes.

Herald Sun (26/6/12)

India

IT'S RAINING HEROIN ON INDO-PAK BORDER

On an average, more than a kilogram of heroin was seized every day on the Indo-Pak border adjoining Punjab for the first six months of this year. Records with the Border Security Force (BSF) show that in the first half of 2012, the force has seized a record 197 kilograms of heroin worth nearly Rs 1,000 crore.

This is nearly three times more than 68 kgs seized last year. It is also the highest amount of the drug seized in the past five years.

BSF attributes the high quantity of heroin seizure to enhanced surveillance in the border areas. The force also admits that there have been more attempts by smugglers, from the Pakistani side, to push the drug to their counterparts on the Indian side.

'There has been an increase in attempts of smuggling from the Pakistan side but I would attribute the huge seizure to enhanced surveillance. Of the total heroin seized in the country so far, BSF alone accounts for 60 per cent. As far as Punjab is concerned, this year, we have seized 76 per cent of the total heroin caught in the state,' says BSF IG (Punjab Frontier) Aditya Mishra.

The issue was also discussed in the recent meeting between the BSF and Pak Rangers, where BSF officials asked their Pakistani counterparts to take steps to check the smuggling.

'The heroin that is smuggled to India comes primarily from the South West Asian countries, particularly Afghanistan. There was production of more than 700 metric tonnes of poppy last year in Afghanistan,' said Narcotics Control Bureau Zonal Director at Chandigarh Rohit Katiar. Once smuggled to India via Pakistan, the drug is again smuggled out to other destinations, he added.

Smugglers are devising novel ways to smuggle the drug. BSF recently recovered an iron agricultural tool sealed from both sides. Heroin packets were recovered from the agricultural tool after it was cut. The customs department in two different cases also recovered 11 kilogrammes of heroin from a consignment of cement bags from goods trains that came from Pakistan.

In another case, the crew of goods train from Pakistan was detained in India after a bag containing heroin was allegedly thrown from the train after it entered India and was said to have been noticed by the Horse mounted personnel of the BSF who move along the train for a distance after it enters India.

Apart from BSF, the State Special Operation Cell (SSOC) and border districts' police are also learnt to have recovered heroin consignments in good numbers.

'Last year the SSOC had recovered 66 kg of heroin. This year so far, the SSOC has already recovered more than 70 kg of heroin,' tells SSOC AIG at Amritsar S Boopathi.

N. Gopal, *Indian Express* (30/7/12)

China

CHINA FOCUS: CHINA FACES DRUG CONTROL CHALLENGE

BEIJING: China still faces a severe challenge in drug control and has enhanced its crackdown on drug-related crimes, Minister of Public Security Meng Jianzhu said Tuesday.

Meng issued a report on China's drug control situation at a bimonthly legislative session that opened Tuesday, also the International Day against Drug Abuse and Illicit Trafficking.

Police have cracked 329,000 drug-related criminal cases over the past four years, apprehended 378,000 suspects and confiscated 22.5 tonnes of heroin, 36.9 tonnes of methamphetamine, 3.7 tonnes of opium and 15.5 tonnes of ketamine, Meng said.

In 2011, China's courts nationwide concluded trials of 69,244 drug-related criminal cases, a rise of almost 80 percent from 2007, said Sun Jungong, spokesman of the Supreme People's Court (SPC) on Tuesday.

The courts also have seen a hike in cases involving synthetic drugs such as methamphetamine, the spokesman said.

The Golden Triangle, one of Asia's two major illicit opium-producing areas, is still the most notorious source of drugs in China, according to Meng's report.

Chinese police seized 5.1 tonnes of heroin and 7.9 tonnes of methamphetamine produced in, and smuggled from, the region last year, which made up 72 percent and 55 percent of the total nationwide seizures of heroin and methamphetamine, respectively, up 55 percent and 62 percent year-on-year, according to the report.

Police also cracked 223 drug smuggling cases originating in the Golden Crescent area, another major Asian region for illicit opium production, in 2011, up nearly 30 percent year-on-year, the report said.

The Golden Crescent is located at the crossroads of Central, South and Western Asia, and includes

Afghanistan, the world's largest opium producer.

It noted that the task of tackling drug trafficking has become increasingly arduous, as more cocaine from South America and methamphetamine from Northeast Asia was being smuggled into China.

Sun said the SPC has ordered courts to give no lenience when sentencing those found guilty of serious drug-related crimes.

The SPC also published six typical cases of drug-related crimes, including one where Liu Fucheng, who led a criminal gang of 52 people and organized HIV-positive people and juveniles to traffick drugs, was sentenced to death.

Moreover, according to the SPC spokesman, the SPC, as well as the Supreme People's Procuratorate and the Ministry of Public Security have jointly issued a circular on the handling of cases of illegal smuggling and sales of medicines containing ephedrine, a major material for the methamphetamine manufacture.

As producing and sales of ephedrine is under the government's strict control, medicines of mixture containing ephedrine ingredients have become an alternative for the criminals to manufacture drugs, Sun said.

China has about 1.19 million registered heroin addicts, or 63 percent of the country's total drug users, Meng Jianzhu said, adding that 655,000 Chinese were using synthetic drugs or stimulants.

About 922,000 Chinese participated in compulsory isolation for drug rehabilitation over the past four years, Meng said.

Of the total, 641,000 drug users did not relapse in the three years following treatment, he said.

The government has helped more than 40,000 recovering drug addicts return to society following rehabilitation through various programs, including employment assistance programs, according to Meng.

Social force contributing to drug control should be encouraged and the establishment of drug control associations should be strengthened, Meng said, adding that the system encouraging whistle blowing should be improved.

Medical conditions in drug rehabilitation centers should be improved so that treatment for HIV-infected drug addicts can be strengthened, he said.

The Minister of Public Security said China will further deepen cooperation with the neighboring countries of Myanmar, Laos, Thailand, Vietnam and Cambodia, so to reduce the influence of the Golden Triangle.

Drug control cooperation with Pakistan, Afghanistan, Russia and Kazakstan will

also be strengthened in order to enhance crackdowns on drug trafficking in the Golden Crescent, he said.

China will also improve information exchanges, judicial assistance and law enforcement training with the United States and Australia, and the drug control mechanism under the framework of the Shanghai Cooperation Organization will also be strengthened, Meng said.

Thailand

AMBIVALENT ABOUT NEEDLE EXCHANGES

BANGKOK: Needle exchanges for injecting drug users and the decriminalization of people who use drugs are the most effective ways of preventing HIV and hepatitis C infections in Thailand, say experts.

'When users do not have access to sterile injecting equipment they will share needles, [and] that will lead to HIV transmission as well as to hepatitis C,' said Pascal Tanguay, programme director in the Thailand office of the international NGO, Population Services International (PSI).

Providing free clean needles and syringes has proven to be the safest and most effective way to prevent new infections among injecting drug users (IDUs). But the Council of State, Thailand's central legal advisory body, has interpreted any needle distribution programme as promoting drug use, Petsri Siriniran, Director of the National AIDS Management Centre in the Public Health Ministry's Department of Disease Control, told IRIN.

Nevertheless, the ministry is collaborating on a pilot project, run by PSI since 2009, in which counselling and sterile syringes are provided through drop-in centres and outreach services in 19 of Thailand's 76 provinces.

PSI has partnered with various local NGOs and support groups for people living with HIV to distribute clean needles to the country's estimated 40,000 IDUs, 20 percent of whom share needles, according to 2010 government figures.

The Urban Health Research Initiative of the British Columbia Centre for Excellence in HIV/AIDS and the local Thai AIDS Treatment Action Group released a survey of 468 injecting drug users from a community in Bangkok, the capital, in 2012.

The study found that 30 percent of participants borrowed needles from other drug users, largely because there was nowhere to buy new ones or because pharmacies refused to sell them syringes.

A 2011 World Bank review of HIV prevention among IDUs in Thailand indicated that needle exchange programmes could be one of the key

factors in decreasing HIV infections among them.

HIV prevalence among the country's PWID's has dropped to 22 percent in 2010 from over 40 percent in 2008 and 2009. However, this rate is still among the highest for the region, according to the Global AIDS response progress reports submitted by governments to the Joint UN Programme on HIV/AIDS (UNAIDS).

Anne Bergenstrom, Regional Adviser on HIV/AIDS at the UN Office on Drugs and Crime (UNODC) Regional Centre for East Asia and the Pacific said: 'We need to be cautious about the apparent reduction in prevalence. Some of this reduction may be due to deaths in this population. There is no recent national survey on drugs, so we do not know how many people initiate drugs and how many among the new users are HIV positive.'

In Bangkok, Sak Aim Kien, 47, said, 'When I am with friends and I have money, I still inject heroin, although I try hard to quit.' He has attended government drug rehabilitation programmes for the past eight years with faltering success. 'My family does not know about my addiction and I tell my children I have a lung disease to hide it.'

Another man at the same local drop-in centre who went by the name of Aun, 37, went from injecting heroin to midazolam – a legally available psychotropic drug that alters brain function by affecting the central nervous system – after completing a methadone treatment programme five years ago.

Daily doses of methadone, a pain reliever, have been shown to help wean injecting drug users off heroin by blocking drug-induced euphoria and blunting their withdrawal symptoms, but in some cases, users have simply substituted one addiction for another.

Government 'ambivalence'

Since 2009, PSI has distributed more than 300,000 needles and syringes, reaching up to 8,000 drug users, but workers say they operate on the margins of the law. 'We currently run the only needle and syringe distribution project in Thailand, but the Thai government refuses to implement needle and syringes distribution, proclaiming falsely that such projects would encourage drug use,' said Tanguay.

'Sometimes the police are waiting outside our premises, arresting people who come here,' Piyabutr Nakaphiw, the manager of O-Zone, a drop-in centre for drug users in Bangkok, told IRIN. The centre employs drug users as outreach workers to distribute clean needles to other users in their communities. 'They stop our outreach community workers, and if they are tested positive for drugs, the police either ask for money or arrest them,' said Nakaphiw.

'At times, the Thai society has an ambivalent attitude towards the needle

and syringe programme,' said the HIV advisor, Bergenstrom. 'However, if we try to prevent HIV transmission among PWID , then coverage of needle and syringe programme, evidence based drug dependence treatment, HIV testing and counselling and access to antiretroviral treatment, among other services, should be increased.'

The 2012-2016 national AIDS strategy calls for a review and amendment of current legislation that prohibits needle exchange and criminalizes drug users. A past effort to change the relevant laws failed.

Although the Drug Addict Rehabilitation Act passed in 2002 promotes the treatment of people who use drugs as patients, under the 1979 Narcotics Act drug addicts can still be arrested.

'It will be virtually impossible to halt HIV transmission as long as the national legal and policy framework around drug issues focuses on punishment and deterrence at the expense of the health and human rights of citizens,' said Tanguay.

Hepatitis C infection is another concern. A recent study published by the UK medical journal, The Lancet, reported that almost 90 percent of IDUs in Thailand are living with hepatitis C, which is transmitted through needle sharing, and can lead to liver failure and cancer.

Tanguay said although needle exchange programmes alone will not halt the spread of HIV and hepatitis C, it can be a major part of the solution if combined with the decriminalization of drugs and drug users.

IRIN Asia News (31/7/12)

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
Peter	Anderson	03/02/1969	12/08/1999	30
Melanie	Barasso	21/02/1975	23/09/1993	18
Linda	Bartell	23/05/1982	17/08/2000	18
Dean	Berg	03/04/1976	10/09/1997	21
Chay	Bresington	20/12/1975	27/08/1998	22
Gena	Brown	11/08/1965	13/10/2000	35
Natasha	Burridge	04/03/1967	08/09/2000	33
Jennifer	Burton	26/07/1979	06/08/1998	19
Justin	Byrne	07/08/1954	08/09/1998	44
Ronnie	Byrne	27/04/1976	16/10/2003	27
Christopher	Cameron	22/09/1975	09/10/1999	24
Jennifer	Campbell	29/10/1960	17/09/1998	37
Phillip	Daley	23/05/1958	17/09/1994	36
Greg	Davies	08/03/1973	13/08/1994	20
Andrew	Doyle	08/10/1975	08/09/1998	22
Michael	Drakes	09/07/1985	25/08/2004	19
Jesse	Dunbar-Kittel	18/11/1973	28/10/1999	25
Scott	Dunkley	26/10/1970	14/08/1999	28
Mandy	Finch	18/08/1972	27/10/2006	34
Graeme	Flanagan	30/11/1960	29/09/1998	37
Timothy	Green	09/10/1957	21/10/1984	27
Scott	Greenbank	14/08/1964	02/08/1994	29
Louisa	Hansen	08/06/1958	31/08/1997	39
Ben	Hatten	09/08/1979	03/10/1997	18
Anthony	Hill	20/07/1972	21/09/1995	23
Lawrence	King	23/10/1983	10/09/1997	13
Anthony	Marks	14/01/1971	10/08/2010	39
Leigh	Mathieson	28/03/1952	20/08/1988	36
Noeline	McGregor	09/01/1977	7/10/1998	21
Brendon	McIver	20/03/1976	21/08/2003	27
Naomi Blanch	McLernon	22/03/1974	12/10/1995	21
Paul	Mowbray	18/04/1963	27/10/1997	34

Given Name	Family Name	Date of Birth	Date of Death	Age
Lauri	Mujunen	21/06/1961	05/10/2001	40
Rohan	Murphy	25/03/1969	20/10/1999	30
Dylan Emmanuel	Parkins	23/05/1974	14/08/1996	22
Luke	Paton	03/05/1974	13/09/1998	24
Edita	Poljuha	01/06/1976	20/08/1998	22
Miranda	Ranks	20/12/1981	11/10/1998	16
Yasmine	Roberts		21/10/2002	17
Jeremy	Rose	05/02/1975	06/10/2000	24
Tony	Ryan	06/09/1956	27/08/1997	40
Ryan McKaig	Santos	07/06/1973	13/09/1998	25
Todd Anthony	Schou	12/07/1975	06/10/2009	34
Gregory	Schultz	28/11/1976	22/09/1997	20
Ian	Stewart	17/02/1954	19/09/1996	42
Paul	Strathern	20/09/1961	24/08/1998	36
Tom	Sylva	03/10/1978	01/08/2007	28
Bernard	Thompson	20/11/1963	30/08/1984	20
Randy	Walker	14/01/1960	22/09/2002	42
Grant	Weir	13/12/1975	03/09/1999	23
David	Wilson	15/03/1977	27/09/2000	23
Trevor	Wilson		01/09/1998	26
Leigh	Wood	10/12/1956	10/08/1989	32
Adam	Wright	01/01/1972	29/08/1998	26
Christopher	Wright	13/02/1978	24/08/1996	18

Counting The Costs Of Drug Prohibition

***The Age* (26/5/12)**

As one of history's foremost advocates of economic rationalism, Milton Friedman makes for an unlikely poster boy for the stoner generation.

The recipient of the Nobel memorial prize in economics was, after all, an adviser to Ronald Reagan even as the US president ramped up the war on drugs in 1982.

But while Reagan's views on trickle-down tax theory may have found their origin in Friedman's advice, Friedman (pictured) remained until his death in 2006 a passionate opponent of drug prohibition. In a television interview in 1991 the economist spelt it out: 'Now

here's somebody who wants to smoke a marijuana cigarette. If he's caught, he goes to jail. Now is that moral? Is that proper? I think it's absolutely disgraceful that our government … should be in the position of converting people who are not harming others into criminals, of destroying their lives, putting them in jail.'

While economic rationalism has come to be associated with a certain type of conservative politics, in its truest form, free-market economics is about the power of individual choice to enhance society's wellbeing. Friedman was a libertarian, in the true sense of the word.

Broadly, economics breaks society down into markets in which individuals come together to make mutually beneficial trades, thereby enhancing the wellbeing of society. Prices are determined by the relative forces of supply and demand. To economists, drugs are just another consumption good, that individuals should be left to buy and sell in peace. If drug consumption imposes an external cost on society – health, policing – then it makes it a good target for taxation, like the so-called 'sin taxes' levied on alcohol and tobacco.

'Economists think about unintended consequences and recognise that a lot of the negative effects that we attribute to drugs in fact come from prohibition,' Harvard University economist John Miron explained in a 2009 CNN interview about his book, Drug War Crimes: The Consequences of Prohibition.

Better to have it all out in the open, economists argue, than to force consumers to access black markets. Black markets are marked by higher prices and inferior-quality products. In free drug markets, prices would be lower and quality higher.

'With lower prices for legal drugs, people would have less of an incentive to steal or engage in prostitution and other things like that in order to support their drug habit,' Miron says.

In 2005, Friedman was one of more than 500 economists who signed a petition to US president George W. Bush opposing drug prohibition and supporting the findings of a paper by Miron titled The Budgetary Implications of Marijuana Prohibition.

In it, Miron estimated the total annual cost to US state and federal governments of the prohibition of marijuana at about $US14 billion in 2005.

The direct cost of law enforcement – policing, running court cases and the cost of imprisoning users – was estimated at $US7.7 billion a year. The remaining cost was the tax revenue forgone from the exclusion of sales on the black market from the government's tax base. Costs excluded from this analysis include the costs to the health system of caring for drug addicts, the income tax lost from drug users not working, or working less and the hard-to-quantify value of lives lost.

The stumbling block to a full cost-benefit analysis of the policy of drug

prohibition is the assessment of the benefits of prohibition as a deterrence. It is hard to measure the benefits from people not consuming drugs. And advocates of decriminalisation point out that even these benefits must be weighed against the harm to existing drug users from inferior-quality drugs, or indeed, the enjoyment many people get from some drugs.

In assessing the relative harm from drug use, the debate moves beyond the scope of economics into the realm of public health. But empirical findings on the impact of changing drug laws remain scarce, given the paucity of countries that have decriminalised.

Don Weatherburn, director of the New South Wales Bureau of Crime Statistics and Research, says the Dutch experience shows marijuana consumption did indeed increase after decriminalisation, but to what degree of detriment is unclear. Weatherburn says people are sensitive to drug prices and availability.

'Research has shown that when the prices of heroin and cocaine go up, emergency department admissions for heroin and cocaine go down. When the price of heroin in Australia went up around Christmas 2000, the level of drug-related crime came down.'

Economic analysis has provided a helpful framework in which to think about the merits of drug prohibition. But without better knowledge of the true health impact of increased legal drug use, firm conclusions about the relative benefits and costs of prohibition have remained, so far, elusive.

Don's Review

AMY

my daughter

Mitch Winehouse (Harper Collins 2012)

'The next day Amy called to say she was going to a local bar to play pool … I was concerned … pool in a bar was synonymous with drinking … as soon as she arrived she told the barman (not to) sell her alcohol under any circumstances … I was very proud of Amy …' p281.

The review by Barbara Ellen in *The Observer* (July 8 2012) is very significant and insightful: if you have an interest in either Amy Winehouse or the tremendous sadness which surrounded her death, it's probably very much in your interest to find this review and print it. Nobody is saying that anybody, let alone a reviewer, could have the insights that those closest to Amy must have shared, if 'shared' is the right word. Probably 'mutually suffered' is a closer description of their involvement. I've read quite a bit of material on Amy in the few months since her passing, and the quality has varied enormously. I think it was two issues ago that we printed some of what I had come to unravel about it all.

However, there's been considerable recrimination one way and another. Frankly, before I read this book, I didn't know which camp I was in or what to believe. After reading it, and suffering vicariously along with Mitch Winehouse, I've come to a greater understanding with regard to all our frailties. No matter what we do, no matter how hard we try, we're not going to get it altogether right. The best we can probably hope for, should I dare to preach a little, is that we can make some positive impact and maybe, by chipping away and 'keeping our cool', we can assist an addicted person to make some ground, and, most of all, to *stay alive*.

A substantial and major theme of this book involves the senior Winehouse's desperate attempts to keep his daughter alive. But he has a significant personal deficiency himself: he's only human. Every now and again, the cracks show. Sometimes they're slight and he can paper them over, and other times, to use the modern vernacular, he loses it. And why wouldn't he? God knows any parent, wife, husband, sister, brother or close friend will in all likelihood share this dad's bewildered, frustrated, sometimes angry and resigned states of mind. And let's not forget the guilt, deserved or otherwise. Should he/could he, do/have done, more? Things look good for Amy so often, the relationship between father and order gives Mitch Winehouse hope that together they can see it through, but he can never be 100% sure.

When I read in the actual immediate reports, while researching for the first lot of reviews, that Mitch was somewhere else when Amy finally went, I also came across a significant amount of non-evidence based critical claptrap, posted online by people who didn't know Amy and didn't know Mitch well, or even at all, or posted perhaps by people who had an axe to grind for one reason or another. What I can say after reading this book, so far as its veracity is concerned, is that it rings true. I didn't know virtually anything about Amy as a singer. I don't know much about the Amy Winehouse foundation, only the peripheral stuff that I'm told, but it also has a ring of truth about it. I suspect that anybody who's been there in one shape or another, and that probably means just about everybody involved in the nuts and bolts of Family Drug Support, is likely to be seriously discomfited and probably strongly emotionally affected by this book.

For all that, it's very much a book about which you'll have to make up your own mind after reading. I found the photographs a little bit disconcerting at times, particularly those of the younger Amy. Enough said. Read the book and draw your own conclusions. However, let me offer you another quote, this one from the section of the book which may hit you hardest, and then you decide for yourself whether or not you can handle this kind of incisive honesty. If you can, go and buy the book.

Amy continued to drink every day until 10 June, when she was once again admitted to the London Clinic. 'Did they stamp your loyalty card?' I asked. I was so fed up I had to make a sarcastic remark but in truth I was angry.' (p249)

Need Help?

Family Drug Support – Office	(02) 4782 9222; fax (02) 4782 9555
Family Drug Support – Helpline	1300 368 186
ADIS (Alcohol & Drug Information Service) (NSW) Provides 24 hour confidential service incl. advice, information and referral	(02) 9361 8000 / 1800 422 599 *country callers*
AIDS HIV Info Line	(02) 9206 2000 / 1800 063 060 *country callers*
Directions ACT	(02) 6122 8000
Drugs in the Family (Canberra)	(02) 6257 3043
Families & Friends for Drug Law Reform (Canberra)	(02) 6254 2961
Family Drug Support (Adelaide)	(08) 8384 4314 / 0401 732 129
Family Drug Help (Melbourne)	1300 660 068
Hepatitis C Info & Support Line	(02) 9332 1599 / 1800 803 990
Nar-Anon	(02) 9418 8728
Narcotics Anonymous Self-help for drug problems	(02) 9565 1453 / 0055 29411
NCPIC (Information & Helpline)	1800 304 050
NUAA (NSW Users & Aids Association)	(02) 8354 7300 1800 644 413 *country callers*
Parent Drug Information Service WA	(08) 9442 5050 1800 653 203 *country callers*
Parent Line NSW	13 20 55
Ted Noffs Foundation Centre for youth and family drug and alcohol counselling services	(02) 9310 0133

Family Support Meetings Aug-Oct 2012

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. ***General enquiries:*** **FDS Office (02) 4782 9222**
Note: NO MEETINGS HELD ON PUBLIC HOLIDAYS.

NSW – Ashfield **every Monday**
Volunteers Room, Ashfield Uniting Church (down right hand side of church) **(7 – 9 pm)**
180 Liverpool Rd, Ashfield. *Enquiries:* 0410 494 933 ***1 Oct Public Holiday***

NSW – Chatswood **1st/3rd Wednesday of month: 15 Aug; 5 & 14 Sep; 3 & 17 Oct; 7 & 21 Nov**
Dougherty Community Centre Studio, 7 Victor St, Chatswood **(7 – 9 pm)**
Enquiries: Liz 0417 429 036 or Hillary 0418 656 549

NSW – Kincumber **1st/3rd Monday of month: 20 Aug; 3 & 17 Sep; 15 Oct; 5 & 19 Nov**
Arafmi Cottage, 6/20 Kincumber St, Kincumber. *Enquiries:* Marion 0439 435 382 **(7 – 9 pm)**
1 Oct Public Holiday

NSW – Charlestown **every Tuesday (10 am – 12 noon)**
Uniting Church (opp Attunga Park) 24 Milson St, Charlestown. *Enquiries:* Jim: 0439 322 040

NSW – Port Macquarie **Monday every fortnight: 27 Aug; 10 & 24 Sep; 8 & 22 Oct; 5 & 19 Nov**
Education Rooms, rear of Community Health Centre (next to water tank) **(6 – 8 pm)**
Morton St, Port Macquarie. *Enquiries:* Pam 0438 994 269

NSW – Coffs Harbour **1st/3rd Monday of month: 20 Aug; 3 & 17 Sep; 15 Oct; 5 & 19 Nov**
The Mudhut, Duke St, Coffs Harbour. *Enquiries:* Theo 0402 604 354 **(7 – 9 pm)**
1 Oct Public Holiday

NSW – Byron Bay **2nd/4th Monday of month: 27 Aug; 10 & 24 Sep; 8 & 22 Oct; 5 & 19 Nov**
Guide Hall, Carlyle St, Byron Bay (behind tennis courts across from Byron PS) **(7 – 9 pm)**
Enquiries: Margaret 0427 857 092

ACT – Canberra **Wednesday every fortnight: 22 Aug; 5 & 19 Sep; 3, 17 & 31 Oct; 14 & 28 Nov**
Compass Directions ACT, 1 Bradley St, Woden. *Enquiries:* (02) 6122 8000 **(5.30 – 7.30 pm)**
(Light refreshments and gold coin donation)

SA – Leabrook **Wednesday every fortnight: 22 Aug; 5 & 19 Sep; 3, 17 & 31 Oct; 14 & 28 Nov**
Knightsbridge Baptist Church Hall. 455 Glynburn Rd, Leabrook **(7 – 9 pm)**
Enquiries: Kath (08) 8384 4314 or 0401 732 129

SA – Hallett Cove **Wednesday every fortnight: 15 & 29 Aug; 12 & 26 Sep; 10 & 24 Oct; 7 & 21 Nov**
Cove Youth Services, Suite 11, 1 Zwerner Dr, Hallett Cove **(7 – 9 pm)**
Enquiries: Kath (08) 8384 4314 or 0401 732 129

SA – Woodville Park **Tuesday every fortnight: 14 & 28 Aug; 11 & 25 Sep; 9 & 23 Oct; 6 & 20 Nov**
Diamond Clubhouse, 19 Kilkenny Rd, Woodville Park **(7 – 9 pm)**
Enquiries: Sheryl 0428 271 743 or Kath 0401 732 129

Qld – Nerang **1st/3rd Monday of month: 20 Aug; 3 & 17 Sep; 1 & 15 Oct; 5 & 19 Nov**
Girls Guides Hall, 40 Ferry St, Nerang. *Enquiries:* Dom 0419 689 857 or (02) 4782 9222 **(7 – 9 pm)**

VIC – Bendigo **Wednesday every fortnight: 15 & 29 Aug; 12 & 26 Sep; 10 & 24 Oct; 7 & 21 Nov**
Neighbourhood House, 21 Neale St, Bendigo. *Enquiries:* Nathan 0407 450 188 **(7 – 9 pm)**

VIC – Geelong **Wednesday every fortnight: 15 & 29 Aug; 12 & 26 Sep; 10 & 24 Oct; 7 & 21 Nov**
The Swanston Centre, cnr Myers & Swanston Sts, Geelong. *Enquiries:* Debbie 0412 382 812 **(7 – 9 pm)**

WA – Northbridge **every Wednesday**
Palmerston Perth, 135 Palmerston St, Northbridge **(6 – 8 pm)**
Enquiries: (08) 9328 7355 (neg $5 contribution)