

April – May 2013

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Bereavement Lunch

Tony Trimmingham

Family Drug Support has always had a commitment to support families bereaved as a result of drug use. Indeed, the organisation was formed as a result of a number of families' experiences in losing someone to drugs.

As we have grown and developed, of course, we have supported families who suffer the ongoing issues as users struggle with their drug use. The enormous benefits in supporting these families with our model are well known and respected. It became apparent early in our existence that mixing bereaved families and families with ongoing alcohol and drug issues was not usually constructive for either family.

We have provided support over the years through our memorial list, remembrance ceremonies and counselling support sessions. We also, of course, advocate strongly for measures that could reduce drug deaths, including drug law reform. However, we have realised that more support could be offered and we now intend to implement actions that provide greater effective support.

Suggestions that have been received include:

- a) Occasional lunches or dinners specifically for bereaved family members.
- b) Periodical support meetings for bereaved family members to discuss their experiences.
- c) Counselling and support via the telephone or face-to-face sessions.

We are also planning to publish a resource, either a booklet or a book, which explains the bereavement process – especially the particular issues when the death is drug-related.

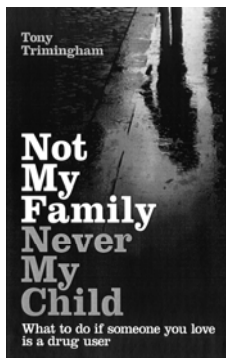
For this resource, we need help in identifying common experiences and difficulties. We would also like to include some ‘personal’ experiences to counter the common stereotyping of drug users and their families. I will be conducting interviews with anyone

who is willing to share their stories and experiences.

We are moving our Remembrance Events from October to July to link with International Remembrance Day for those lost to drugs. For further information, google ‘International Remembrance Day Drugs’. The new date will be Sunday 21 July 2013. FDS is forming an alliance with drug user groups to promote activities. It is quite likely that we will have a dedicated tree in Kings Cross to commemorate those who have died. More details will be in the next *Insight*.

We are having a lunch to discuss these matters at Sydney Rowers Club on Saturday 4 May 2013 at 1 pm (613 Great North Road, Abbotsford).

If you have lost someone to drugs or know someone who has, please pass on the information. Contact the office on 02 4782 9222 to book a place at the lunch.



Not My Family Never My Child

A guide for families affected by drugs

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

Send your payment to PO Box 7363, Leura NSW 2780 or ring the office on (02) 4782 9222 to obtain a copy.

Signed copies available upon request.

INSIGHTS OUT

2013 has probably been the busiest start of any year in our history. Calls to our telephone line are up and demand for FDS support services are well up with regard to attendances at Stepping Stones groups. We only hope that State and Federal Governments recognize the value of families in combating drug harms and the positives in assisting all forms of treatment.

We are pleased to welcome many new volunteers to the telephone line and advise that training will be held in Adelaide, Melbourne, Canberra and Sydney in the next few months. We encourage all our members to consider doing our training. We have found in our time that the most effective volunteers are those that have personal experience of alcohol or drug issues in the family.

Alcohol continues to be the most problematic drug in the community and there are several articles of interest in this bulletin regarding its impact.

Some of you have still not renewed your subscriptions for 2013 and we do not want to lose you! If there is a renewal slip in this newsletter, and you are not a current member, then this could well be the last Bulletin you will receive unless you renew.

We welcome new staff members – Emma in the office and Annette, Julie and Kathleen on the Bridging the Divide Project.

Many thanks again to our hard working staff and volunteers.

Until next time, keep well.

Regards, Tony T.

Alcohol Summit 10 Year Follow-Up

Tony Trimmingham

Ray and I attended a forum at Parliament House in March to reflect on the 2003 Alcohol Summit and the outcomes. There were 180 attendees, including health professionals, police and community representatives, as well as some state politicians.

A report was released by the Foundation for Alcohol Research and Education which give startling effects on how things have deteriorated. This report and a communiqué from the Summit can be found on the FARE website www.fare.org.au under the 'take action' tab.

Letters of Thanks

Stepping Stones Course

Dear Tony, I am just enclosing this letter to thank you, and all those involved in the Stepping Stones course.

It has been a great help to me over the past 2½ years. If this letter can encourage others to follow through on their goals and focus on all the course taught us, please feel free to publish.

§§§ §§§ §§§

I have just returned home from the most amazing week-end. Hot air ballooning in Canberra, at their Annual Ballooning Festival. Twenty-seven spectacular coloured balloons, floating over the sites of Canberra on a perfect autumn morning.

It's almost three years now since I did 'Stepping Stones' course. At the course, we were asked to set ourselves three goals – a one month goal (which was to work in my little front garden), a one year goal (a week-end in the snow – fun filled memories in a winter wonderland!) and a three year goal, which was just accomplished – hanging in a hot air balloon, way above a sleepy city.

My twin sister in the basket alongside me – we smile at each other – 'I did it!' 'You did!' she says.

But my life is far from perfect. My 24 year old son has a dual diagnosis of

Bipolar 1 Disorder and poly-substance drug abuse.

The last three years, since 'Stepping Stones' has been a roller coaster ride – through hell! He has been scheduled on Acute Mental Health Wards on seven occasions in the last 2½ years. I don't even want to recall the many crisis situations he has been in over that time, but it has felt like we have all been dragged through a horror movie we don't want to be in, and we can't turn off.

The situation in my family life is far from ideal, some relationships very strained. I still struggle at times through the chaos but am holding on to my balance pole and not letting it totally consume me.

Accomplishing my three goals has been a huge 'success' for me. Having these goals helped me focus on other things, cope better and get out there and live my life.

Thanks to 'Stepping Stones', I am learning to accept, I am learning to 'let go', giving me more energy to live my own life. I continue to educate myself also and do more courses when I have the opportunity, and I am holding onto my priceless support network, who help me manage and become more resilient.

So, thank you 'Stepping Stones' for helping me reclaim my life.

Barbara

Drugs Across Cultures Course

Dear Tony, I wanted to thank you again for your lecture on Friday. It was a bit chaotic at the end, and it was a bit tricky to properly express this at the time. I'm sure you have been told many times, but your story is a very powerful one and it has really stuck with me. We are very lucky to have you come and speak for the Drugs Across Cultures course.

I'm not sure if you realise how large the course has become. This year we have approximately 1300 students, and many of the students listen to the lectures online. Below is an email from one of the students – I thought you might like to read it.

Thanks again, Victoria

Dr Victoria Loblay

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Words of Wisdom

Being International Women's Month, below is a wonderful poem Audrey Hepburn wrote to share her 'beauty tips'. These words of wisdom were read at her funeral years later.

For attractive lips, speak words of kindness.
For lovely eyes, seek out the good in people.
For a slim figure, share your food with the hungry.
For beautiful hair, let a child run his/her fingers through it once a day.
For poise, walk with the knowledge that you never walk alone.
People, even more than things, have to be restored, renewed, revived, reclaimed,
And redeemed; never throw out anyone.
Remember, if you ever need a helping hand,
You will find one at the end of each of your arms.
As you grow older, you will discover that you have two hands;
One for helping yourself, and the other for helping others.

People Living With Hep C Welcome Approval Of New Treatment Drugs

Australian Injecting & Illicit Drug Users League, Media Release (20/2/13)

The national organisation representing those in the community who are most affected by chronic hepatitis C, the Australian Injecting & Illicit Drug Users League (AIVL) welcomes the news today that the Australian Government has announced the listing of two new important medications for the treatment of hepatitis C.

‘People with a history of injecting drug use represent over 80 per cent of those with chronic hepatitis C infection in Australia and we are very pleased to hear that members of our community will soon have affordable access to these new life-saving medications’ declared Annie Madden, AIVL Executive Officer.

‘Today’s announcement by the Federal Minister for Health is such great news for people who desperately need access to these new medications. Significant numbers of people with genotype 1 hepatitis C infection have been being discouraged from commencing hepatitis C treatment due to the promise of the availability of these new direct acting antivirals (DAAs) with significantly higher efficacy rates. However, the timing of access to treatment is so critical in relation to hepatitis C that it is very good news indeed that these medications will now be made available to those who need them before they could become ineligible for treatment due to the stage

of their liver disease progression’ Ms Madden added.

In Australia, more than 50 per cent of people with chronic hepatitis C have genotype 1 so this decision has the potential to affect a significant number of Australians. Over the past 12 months, AIVL and other organisations working in the area of hepatitis C have been receiving an increasing number of requests from individuals living with genotype 1 HCV who need urgent access to treatment.

Hepatitis C is a major and growing public health issue in Australia with more than 220,000 people already living with chronic HCV. It is very positive to see Australia falling into line with at least 25 other countries that have also approved these new DAAs for the treatment of hepatitis C in recent times.

Australia has traditionally been a world leader since the early 1990s in relation to our national response to hepatitis C but ongoing delays to the approval of these drugs was bringing this into question. Today’s announcement will go some way to restoring Australia’s world-leading reputation in the treatment and management of chronic hepatitis C and will also provide a realistic prospect of clearing the virus for many thousands of people.

‘Many people with chronic hepatitis C and a history of injecting drug use have now been infected for 20 years or more. The natural history and long progressing nature of hepatitis C infection means that we are already witnessing a substantial burden of liver disease that will only grow over time if we do not act now to increase the

effectiveness and importantly, the attractiveness of treatment. Today’s outcome and the decision by the Government to make these new DAAs available under the PBS will be a critical step in changing the current and longer term outlook in relation to hepatitis C in Australia’ concluded Ms Madden.

Judge Calls For Action On Alcohol Violence ‘Epidemic’

J. Cohen & K. Michelmore, *Four Corners* (25/2/13)

New South Wales’s most senior magistrate has warned that alcohol-fuelled violence has reached ‘epidemic proportions’ and the community is ‘fed up’ with the perpetrators.

The latest figures show that each year as many as 70,000 people are involved in alcohol-related assaults, which cost the community \$187 million annually.

Chief Magistrate Graeme Henson takes the view that education is as important as punishment in dealing with repeat offenders.

In an exclusive interview with *Four Corners*, he suggested a program where offenders are forced to meet victims of alcohol-fuelled attacks so they can see the devastating consequences first hand.

‘It wouldn’t be, in my view, a bad idea to send repeat offenders into programs such as that where they confront the

tragic consequences of people who have suffered innocently at the hands of violent people so they have an insight into ‘this is not just a Saturday night out, this is a life-changing activity’,’ he said.

Judge Henson says he would be happy to talk to NSW Attorney-General Greg Smith about putting such a program in place.

He says one of the problems is there are more people out for longer periods of time in licensed premises.

‘The potentiality for people right across the spectrum to get involved in alcohol-related crime has increased correspondingly,’ he said.

‘The obvious lesson is don’t drink yourself into a state of intoxication where your moral restraint goes out the window and you become, as a lot of people do under the influence of alcohol, more disposed to violence.

‘I mean whatever or however you try to dress it up, whether it be by people who are on licensed premises or otherwise, it is the quantity of alcohol that starts to push people across the threshold of participating in acts of violence.’

Judge Henson also warns the violence has become more extreme.

‘Fifteen, 20 years ago, a common act of this nature would be a punch, then people would walk away or run away as the case may be,’ he said.

‘Now the violence tends to be ongoing. It tends to involve knocking people to the ground. It tends to involve kicking and stamping on somebody who is curled up in a foetal position on the ground.’

He says while the problem is complex, a solution may lie within the education system.

‘We never educate our children as to the consequences of their behaviour as a young adult, including the consequences of imprisonment, the loss of prospects of employment or advancing of career,’ he said.

‘We just put them through an education system, we let them out the door when they turn 18 and we hope for the best. Sometimes that produces the worst.’

Country In Crisis

Trauma doctors and neurosurgeons have told *Four Corners* that while they

are not necessarily seeing more assaults, the cases are much more severe.

They claim many emergency hospital units across the country are full on weekends with alcohol-related injuries.

Neurosurgeon Brian Owler, who is also the NSW president of the Australian Medical Association, warns Australia is not facing a crisis but has ‘been in a crisis for a long time’.

‘When you see 70,000 cases of alcohol-related violence, 24,000 cases of alcohol-related domestic violence and 20,000 cases of alcohol-related substantiated cases of child abuse, Australian society has a crisis with the harmful effects of alcohol,’ he said.

Professor Owler says he would like to see more trials rolled out to try and curb the violence.

Under a trial in Newcastle in 2008, most hotels were forced to close at 3.30 am rather than 5 am, lock-outs were introduced after 1.30 am and there was a ban on shots and doubles after 10 pm.

That trial resulted in a 37 per cent decrease in assaults.

New research to be published soon by Dr John Wiggers, professor of the School of Medicine and Public Health at the University of Newcastle, shows Newcastle emergency department hospital admissions have fallen 26 per cent and general street offences have dropped 50 per cent.

Drugs, Crime And Ball Games: How Aussie Sport Got Crooked

Dr J. Mazanov, *The Conversation* (8/2/13)

The Australian Crime Commission report, *Organised Crime and Drugs in Sport*, has come as a hammer blow to Australian sport. According to a review of cycling released only last month, Australia is supposed to have a reputation of being 'clean' on these matters. Just weeks later, that has all been swept away.

So, how did it come to this? Like any social problem, it is the result of a whole host of things. Untangling them is to approach a Gordian Knot without even a blunt pen knife.

The management of drugs in sport in Australia and around the world is led by the anti-doping policy. Anti-doping is in essence a 'legalistic prohibitionist' policy. It seeks to detect and punish to deter drug use.

Attempts at alcohol prohibition throughout history have emphatically demonstrated what this kind of policy does. Underlying demand is unaffected, while legal supply disappears. This creates the opportunity for organised crime to become the supplier, with inflated prices for overcoming legalistic interdiction (policing).

Sport is big business, worth nearly \$9 billion in Australia. Game day is the outcome of a lengthy and convoluted production process. What matters is the objective outcome when that day ends.

If the sponsors, broadcasters and punters are happy – the managers are happy. Few resources are directed anywhere else. The Cycling Australia Review, for example, reported anti-doping was the responsibility of a part-time employee handling 40,000 competitive riders and their events. Cycling Australia saw investment in events as far more important than 'the fight against doping'.

The competition between sports, such as Australian Rules and Rugby League, leads to the constant pressure to develop a competitive advantage. This is the constant nightmare of big business, preserving market share while expanding into new areas. Part of this mix is making the sport provide 'more' – more excitement, more thrills, more nerve shattering moments. This is what sports consumers want; it's what they demand. Failure to meet this demand means less money at the gates.

The production process to meet this demand rests on the athlete. In pursuit of 'more', athletes have to find ways to be higher, faster, stronger. This is compounded by pressure to return from injury as soon as possible. Athletes might just need to hang in for another season before looking for an alternative career.

Australian athletes can and do use performance enhancing substances because they have to. It is impossible to

be competitive at the elite level without using some kind of substance. Athletes can lose their job if they heal too slowly. This creates a demand for performance enhancing substances that organised crime is only too happy to meet, with multi-billion dollar reward.

The government would have us believe the answer rests in ramping up anti-doping exercises to 'catch' baddies – investing more in detection and making punishment more severe.

Let's be clear: making anti-doping work is going to cost a lot of money. In the current fiscal climate, that money is going to have to come from health, education, defence or welfare. This raises the question of whether 'clean sport' is more important than, say, the National Disability Insurance Scheme.

Unfortunately, putting anti-doping on steroids is unlikely to do much. This approach has failed to prevent the rising market of illicit drugs in Australia – at least if Australia 21 is to be believed. The war on drugs has failed, and it seems reasonable to assume the 'war on drugs in sport' is going to end the same way.

One way of resolving the problem is to move from anti-doping to drug control. Let's look at developing ways to better understand the role of drugs in sport. A host of substances are already permitted. There are clearly some drugs that should be banned – a hockey player smacked out on ice is a danger to themselves and everyone else. But that does not apply to all substances.

Unfortunately, this idea is unlikely to be palatable to those who have invested heavily in 'zero tolerance' – which John Fahey, President of WADA, has repeatedly declared an unrealistic goal anyway.

Another solution is to change the nature of sport. What might professional sport look like if it emphasised the joy of the game? One reason athletes demand performance enhancing drugs is because of the inhuman expectations placed on them.

Let's change our expectations. Making seasons shorter is a simple way of giving athletes more time to recover from injuries. Looking at rotation policies might be a good way forward too. Putting athlete health and welfare on some kind of level footing with other costs of doing business might be a useful start, (though this is unlikely to be palatable to business interests).

Of course, like any social policy, the answer is to implement all these solutions at once. Australia needs to accept the reality that drugs are an inimical, yet intrinsic part of sport. We must find a better way of policing drugs in sport, and shift the focus away from business and towards human interests.

Perhaps then we can get back to sport being about the talent, grace, skill and strength of some extraordinary people.

Dr Jason Mazanov is a senior lecturer in the School of Business at UNSW Canberra.

Forbidden Fruit: Are Children Tricked Into Wanting Alcohol?

M. Daube, *The Conversation* (1/3/13)

Over the years, we have become accustomed to alcohol companies and their allies seeking to convince us of their concern about alcohol problems and responsible use of alcohol. Their efforts range from desperately inept advertisements to labels on some products that provide (in small print) advice that is less than compelling (e.g. 'Is your drinking harming yourself or others? Get the facts – Drinkwise.org.au'), or admonitions such as 'drink responsibly' in barely visible fonts.

A large hoarding for Miller beer (see below) recently placed approximately 800 metres from a large school in Perth alongside a subway through which many children pass every day, eschewed the small print in favour of a very visible message that the product is '18+' and 'for people over the age of 18 only'.

Miller beer has had an association of more than 30 years with the Philip Morris/Altria tobacco group, which currently owns approximately 27% of SAB Miller. The SAB Miller board includes four current or former Philip Morris/Altria leaders, including long-time chairman and CEO, Geoffrey Bible.

The tobacco industry has known for decades about the value of promoting smoking as an adult habit – as forbidden fruit for young people.

Tobacco industry documents show that presenting smoking as an 'adult choice', a 'forbidden fruit' and an 'act of rebellion' have been 'common industry marketing themes'.

An Imperial Tobacco marketing research report from 1977 noted:

Of course, one of the very things that are attractive is [the] mere fact that cigarettes are forbidden fruit...when the adolescent is looking for something that at the same time makes them feel different and also makes them feel that they are old enough to ignore this weight of authority so as to feel that they have made their own choice, what better could be found than a cigarette? It is not just a smoke. It is a statement, a naughty adventure, a milestone episode.

The Philip Morris company even ran literal 'forbidden fruit' messages in full page advertisements in news magazines aimed at parents. And there is also research showing that the perception of smoking as 'forbidden fruit' significantly predicted smoking intentions. Indeed, the authors of a major study in this area recommend that education programs 'should incorporate strategies/messages counteracting the FF perspectives...'

We know that over the years tobacco companies used 'smoking prevention' programs to head off further constraints, as well as to legitimise

research on and access to young people. There is also good evidence that tobacco company educational programs brought no benefits, but were indeed likely to be counter-productive.

Once-confidential industry documents show that these programs were intended to serve the industry's interests and political needs, not least by preventing more effective action. They were also for preserving the industry's access to youths, creating allies within policymaking and regulatory bodies, defusing opposition from parents and educators, bolstering industry credibility, and preserving the industry's influence with policymakers.

A recently published paper shows that industry 'education' advertisements even appear to have a priming effect on smokers.

One might argue that the alcohol industry has derived similar benefits from the education programs it has supported over the years, notwithstanding the ringingly sincere position drafted for the Philip Morris CEO in an internal briefing book in 1996, when Philip Morris owned the Miller Brewing company: It's good business for the industry to promote responsible drinking. These promotions are not ploys. They are sincere comprehensive programs implemented by brewers and distributors.

This is some way from the conclusions of an American study that 'the evidence indicates that beer companies achieved advantageous outcomes to a large extent with these 'drink responsibly' campaigns and the interpretations tended to be mostly pro-drinking'. They add 'seemingly pro-

health messages can serve to subtly advance both industry sales and public relations interests' and 'the appearance of addressing the problem may preempt more persuasive campaign efforts from government agencies and prevention organizations.'

Alongside the Miller Beer advertisement, on the other side of the subway, was another, equally large advertisement for Corona beer (see above). No warnings, just glamorous young people drinking on a beach.

Isn't it good to know that, as the Corona website assures us, 'We at Corona work to model responsible drinking throughout our advertising and actions as a company' and that the Corona Grupo Modelo education program (of which this author has never seen any traces in Australia) claims to 'spread the message of responsible drinking among students, authorities, teachers and parents through a variety of practices.'

Those accessing the Corona website are told, 'You have to be old enough to enter this site'. Given that there are no further constraints or checks, a cynic might see this as something of a dare or encouragement to teens to enter an earlier birth date. More forbidden fruit.

Alcohol advertising is expensively and meticulously researched. Alcohol companies are not likely to receive plaudits from their shareholders for reducing their present or future markets. Indeed, in September 2012, the marketing director of SAB Miller's Australian Carlton United Brewers was quoted as saying:

I think the first thing is we need to find ways to work harder to make people drink more and drink at higher value...

These billboard advertisements, like other alcohol ads in locations passed by children, come and go. Miller Beer is not alone in emphasising that alcohol products are for adults. Is it too cynical to suggest that advertisements such as this, from a company so closely associated with the tobacco industry, may be helping to portray alcohol as 'forbidden fruit' to which children and young people might aspire?

It is hard to credit that anybody other than the alcohol industry and its supporters takes seriously the self-regulatory codes that are supposed to protect children from alcohol advertising. Hence the current increasing pressure for regulation.

Surely, it is also time to ensure that any warning messages, whether about health or directed to children and young people, are developed by our health authorities, rather than by alcohol industry organisations, and global companies whose purpose is to sell as much of their product as possible.

Three Cheers For The Possibility Of Sensible Alcohol Policy

Alex Wodak, *The Conversation* (14/3/13)

Many Australians believe that there isn't much we can do about our dangerous levels of alcohol consumption. But the real difficulty is that we don't know how to get effective prevention policies through the political maze.

Many people believe that nothing prevents alcohol problems and that there's no treatment for it. This is not the case – we do know how to reduce these problems and treatment is about as effective as medical treatments for other common, chronic health problems.

The problem with alcohol, in fact, lies elsewhere. The all-powerful drinks industry, representing about 2% of

GDP, ensures that any politician publicly supporting effective policies to reduce alcohol problems will soon spend much more time with her family.

Alcohol is consumed very unequally in our community – a minority drink a lot while most drink much less. The heaviest drinking 10% of the community account for half the alcohol consumed. Interfering with that 50% of alcohol consumption would have a huge impact on the alcohol industry's bottom line.

This is not an area for win-win policies. And, lately, the community has been losing heavily.

Among people interested in alcohol prevention around the world, there's a strong consensus about what works and what doesn't. Increasing the price of alcohol even slightly has a noticeable benefit. So if we were serious about trying to reduce alcohol-related problems, we would tax alcoholic drinks differently (according to their alcohol content rather than their beverage class).

Alcohol taxation in Australia makes no economic sense and even less sense as a public policy. The federal treasury decides alcohol taxes and only considers economics factors. And the states and territories don't influence tax policy even though they pay most of the costs in terms of hospitals, police, courts and prisons.

Economists call this inefficient arrangement – where one level of government raises revenue while another pays the costs – ‘vertical fiscal imbalance’. The public likes to see some of the revenue allocated to alcohol prevention and treatment, though treasury always opposes hypothecated taxes. When the Northern Territory government introduced a taxing policy like this in the 1990s, alcohol problems fell dramatically.

The number of outlets selling alcohol has proliferated in recent decades, largely because of competition policy. We now have far too many outlets with far too liberal conditions. And we know that slightly shorter opening hours in Newcastle reduced alcohol-related violence by 37%. Sadly, in the battle between community interests and

the drinks industry over outlet numbers and conditions, the industry wins every time.

There's growing evidence (not yet quite as good as for taxation and availability reform) that curbing alcohol advertising, marketing and promotion reduces alcohol problems. Young children now recognise alcohol brands many years before they have their first drink. We saw with tobacco just how important advertising, marketing and promotion were in getting young Australians to start smoking.

The five major motor sports events in Australia are sponsored by the drinks industry. In a number of other countries, the drinks industry bans advertising at motor sports events. It writes the rules and provides the judge and jury for alcohol advertising regulation, even though self-regulation is to regulation what self-importance is to importance.

Herb Stein, an economics adviser to former US president Richard Nixon, used to say that ‘things that can't go on forever don't’. Forty years ago, the tobacco industry seemed invincible. But after decades of relentless pressure, the public-health David has now largely tamed the tobacco-industry Goliath.

It's time that the community told our political masters enough is enough. If all the major political parties crossed the line together, Australians would be healthier and safer and still be able to enjoy alcohol.

In 2003, the then-NSW government convened an alcohol summit. There were some benefits from this meeting but, in many ways, we are further behind now than we were when that summit was held. Today, there is a

meeting in the NSW parliament to discuss how well we are balancing the benefits and harms of our favourite drug. Maybe this time we will work out how to thread effective policies through the political maze.

Ice Baby: Record Seizure Won't Freeze Crystal Meth Market

M. Pottenger, *The Conversation* (1/3/13)

Yesterday's record 585 kg crystal methamphetamine seizure made headlines, but then so do many others. Was this one big enough to deserve special attention? And what effect does a seizure like this have on a narcotics market anyway?

How much was it worth?

When seizures are reported, it can be difficult to put the figures in perspective. The street value (in this case said to be up to \$438 million) often gets a lot of attention. But street value calculations can be flawed. Setting aside cynicism about incentives for law enforcement to overstate the value (so that headlines look good), the real market price of drugs can be difficult to identify (even with the use of innovative crowd-sourcing tools).

This is particularly true when prices are volatile – as they are in the ice market. An Australian Crime Commission (ACC) report indicates that in the year from 2009-2010 to 2010-11 ice became more expensive in New South Wales

and Queensland, while in the ACT and Victoria prices were estimated to have fallen by up to two thirds.

In addition to volatility over time, there is substantial variation between parts of the country. Figures from the National Illicit Drug Reporting Scheme suggest that in 2011 a point (100 milligrams) of crystal meth varied in price from \$50 in Tasmania to \$150 in the Northern Territory. This difference between the highest and lowest prices is around four times bigger for ice than it is for cocaine in Australia (based on UNODC estimates).

The total street value of the ice seized yesterday can, therefore, vary widely depending on where it was headed. But whether or not this load of ice is worth \$438 million, how much ice is 585 kilograms, anyway?

Is 585 kilograms a lot?

In short, yes. Authorities noted that it was the largest-ever seizure of ice, but the other way to put this in perspective is to note that this 585 kilograms is in

the ball park of the total of all seizures for all the year 2009-10 as recorded by the ACC, which was around 670 kilograms.

Alternatively, consider some (very) rough, back-of-the-envelope calculations: the UNODC estimated that in 2012, 2.1% of Australians aged 15-64 used amphetamines. Even if we assume that 2% are using ice in particular (there are other forms of amphetamine), given current ABS estimates of the Australian population of around 23 million, this would mean we have around 460,000 ice users in the country.

Recent estimates (published by the Australian Institute of Criminology) suggest that ice doses taken by users range from 20 to 40 milligrams. At those estimates, 585 kilograms of ice would provide between around 14.6 and 29.3 million doses, or approximately 30 to 60 doses for every user in the country. Even though these quick calculations yield rubbery figures, whichever way you cut it, that's a lot of ice.

Effect on the market

So how hard will this hit the ice market? It's difficult to say, not least because it's difficult to estimate the total volume of ice in the market. One thing that's worth bearing in mind that this wasn't a package from Amazon that was headed to the receiver the very next day. The illicit nature of drug markets make just-in-time management difficult, even when the drug is in high demand – stock will often be distributed through networks to smaller

dealers to be doled out over a period of time. So it's not necessarily the case that users will be going without overnight.

The supply side of the market has been quite strong in recent years. For example, the Australian Institute of Criminology's surveys of police detainees found that from 2009-11, 41% of respondents found ice was getting easier to obtain (only 19% said it was getting harder), and 51% thought there were more sellers around (with only 12% saying there were fewer sellers). In an increasingly entrenched market, with competing supply lines, even big seizures may have only short-term effects.

The regionalised and local nature of ice production also makes supply relatively responsive. The drug is produced in locations quite close by in Asia, with some produced locally. Seizures of ice, then, are likely to have less substantial effects on the market than seizures of a drug like cocaine, which is part of a closely integrated, globalised market with one primary point of production.

Waiting for a fix

Although the ice market is likely to fill any gap left by a seizure like this pretty quickly, one thing is for sure – even short-term shortages or price spikes can cause problems for users. Withdrawal symptoms can include paranoia, irritability, nightmares, anxiety and panic. Wherever that shipment was headed, it's absence may well make for some troubled users in the coming weeks.

Late-Night Sydney Lockout ‘Not The Answer’

S. Tan, *Yahoo.com* (14/3/13)

Sydney won't be able to call itself a global city if patrons are 'locked out' of pubs and clubs to prevent drunkenness and alcohol-related crime after dark, a forum has heard.

Mental Health Minister Kevin Humphries told the NSW Alcohol Summit at Parliament House he wouldn't support expanding the lockout program already in place in areas including Newcastle and the Hunter. The strategy involves restricting trading hours and entry to licensed premises and is designed to encourage drinkers to head home earlier.

'Lockouts don't necessarily work for everybody,' Mr Humphries said during a panel discussion at Thursday's forum, adding it was expected Sydney would have a 24-hour entertainment hub like Kings Cross. 'Everybody expects a city like Sydney, a world city, to have that kind of precinct,' he said. 'It's not going to be a blanket approach.'

Earlier, central metropolitan police commander Mark Murdoch told the summit alcohol-related crime took up a disproportionate amount of his officers' time and energy. He described lockout strategies in Manly, on Sydney's northern beaches, and Newcastle, as 'successful'.

Opposition Leader John Robertson told the forum NSW was in the grip of a binge-drinking culture, but closing doors at every licensed premises after a

certain hour wasn't the solution. 'You can't just say we're going to be a global city ... but some things aren't going to be available,' he said.

The Labor leader said the key was changing drinking culture. 'I think we've got to start looking and dealing with alcohol in the same we were dealing with tobacco when we started in the late 70s and early 80s,' he said. 'That obviously includes what you do around advertising. If you accept that alcohol is a problem, advertising becomes part of the solution.'

Former NSW minister John Della Bosca called for a 'serious debate' over whether alcohol advertising should be banned.

Greens MP John Kaye said tighter restrictions were overdue. '(Advertising) has to avoid glamorising the consumption of alcohol, which it currently does,' he said.

'It has to avoid making the consumption of alcohol look like it has any benefits. It has to avoid making the consumption of alcohol look like it's a social necessity.'

He said the question of trading hours for licensed premises was complex, but one compromise could involve requiring licence-holders to continue operating without serving alcohol after a certain hour. '(But) we don't want to shut the city down at 10 o'clock at night,' he said.

Opioid Overdoses A Growing Killer: Many Come From Doctors' Prescriptions

M. Davey, Sydney Morning Herald (17/3/13)

Australians are abusing prescription drugs at astounding rates, and overdose deaths are on the rise.

In the US, more people a year died from prescribed opioid overdoses than from heroin – a trend being repeated in Australia, according to the former director of the alcohol and drug service at Sydney's St Vincent Hospital, Alex Wodak.

'It is clear that when heroin became less available at the end of 2000, there was a much greater use of prescription opioids by injection,' he said. 'In Australia, opioid overdose deaths are increasing, and a big part is due to prescription opioids.'

A report released by the National Drug and Alcohol Research Centre last year found 500 Australians aged between 15 and 54 had died due to accidental opioid overdoses in 2008. Nationally, there were 705 opioid deaths in 2010 compared with 360 in 2007, Dr Wodak said.

The drugs are being increasingly prescribed. Results from this year's Global Drug Survey found that of more than 6600 respondents to an internet survey, about half had been prescribed anti-anxiety or anti-pain drugs in the past year.

The survey, founded by British consultant addictions psychiatrist Adam Winstock in partnership with Fairfax Media, found that of 600 people who reported using anti-pain opioids, more than 30 per cent were using the drugs for relaxation, a quarter to get high and more than 10 per cent to relieve distress. It suggests abuse ranged widely, including illicit drug users, those in chronic pain and those sharing drugs.

Queensland psychologist Cameron Brown, who works with The Cabin, a drug rehabilitation clinic in Thailand, and said a third of the patients came from Australia. The clinic was cheaper than those at home, he said, waiting lists were shorter and people felt they could keep their anonymity.

Up to 15 per cent were there for addiction to prescription drugs, Dr Brown said, while up to 40 per cent were mixing prescription medications with other drugs.

'The No. 1 reason they start using prescription drugs is some sort of relief from pain or anxiety,' he said. 'Some people will continue taking them because they get some kind of high, to dull emotional pain, or because they are addicted. Oxycodone and heavier painkillers are becoming more common.'

One such addict was 23-year-old Charlotte*, who has been clean for 14 months after abusing prescription drugs for eight years.

They were easy to get, she said, from friends or a small circle of doctors who asked few questions. She took large quantities of anti-anxiety drugs including Xanax – up to 12 a day – and Valium.

‘I’d go back to the doctors every week,’ she said. She believes prescription drugs caused more harm than illicit drugs, which she also used. ‘There are chunks of time I just can’t remember from when I was taking prescription drugs,’ she said.

The director of the National Centre for Education and Training on Addiction at Adelaide’s Flinders University, Anne Roche, said there was no firm data on what opioids were initially prescribed for or how people used them.. ‘This is a very important issue we’re only just coming to terms with,’ she said.

Professor Roche recommended more pain management centres, a national framework to manage drug misuse and better education of prescribers and their patients.

* Name changed to protect identity.

Mandy’s Stepping Stones Experience

With trepidation, baring our souls
But bravely stepping forward to reach our goals
Each journey different, but also the same
Sharing our stories, our loved ones in the frame.

Swings, merry-go-rounds and roller coaster rides
Relationships and boundaries moving and changing with the tides
Guilt, blame, isolation are now in the past
Newfound knowledge, the dye’s not yet cast

Put down your gunnysack and move into the light
Forgiveness and empowerment will be shining bright
Move forward each day, or crawl if you must
And know in your heart, in yourself you can trust

Within you is the knowledge, strength and power to light the fire
To have the wonderful life you deserve and desire.

Thank You

Theme Song from *The Way* by Tyler Bates

how bout getting off all these antibiotics
how bout stopping eating when I'm full up
how bout them transparent dangling carrots
how bout that ever elusive kudo

thank you india
thank you terror
thank you disillusionment
thank you frailty
thank you consequence
thank you thank you silence

how bout me not blaming you for everything
how bout me enjoying the moment for once
how bout how good it feels to finally forgive you
how bout grieving it all one at a time

thank you india
thank you terror
thank you disillusionment
thank you frailty
thank you consequence
thank you thank you silence

the moment I let go of it was the moment
I got more than I could handle
the moment I jumped off of it
was the moment I touched down

how bout no longer being masochistic
how bout remembering your divinity
how bout unabashedly bawling your eyes out
how bout not equating death with stopping

thank you india
thank you providence
thank you disillusionment
thank you nothingness
thank you clarity

thank you silence

Another Anniversary

Tony Trimmingham, Letter to the Editor (*Telegraph*) (25/2/13)

It's sixteen years today since we lost my son Damien to a heroin overdose. The pain goes on! The excruciatingly jagged pain of the early years are changed to questions of what might have been and sadness of lost times together.

Damien will be our tragedy for as long as we live – but a greater tragedy is Australia's. Since he died on 24

February 1997, over 9000 young Australians have died while we persist with drug policies that create more problems than benefits and condemn more young people to death, disease and discrimination.

I yearn to see change but it will take more courage than most politicians will display.

Anticipating Goodness

Each day is a gift
An opportunity to explore, to enjoy
To love and to give

Each day has its own
Set of emotions, connections
Delights and despairs

Each day will begin
Unfold revealing its collection
Will come to an end

Each day I will learn
To be thankful, peaceful
To hope and to trust

Each day is a gift
To be received with gratitude
Secure in who I am

Pennie B

Why

The pain of loss and grief is etched in every face:

Why him? Why her? Why us?

Unspoken, the reply, 'tis not for you to ask'

Step on these stones, however,

And they will ease your task

Anon

Events Diary

STEPPING STONES COURSES

Sat 6 & Sun 7 April
Sat 13 & Sun 14 April

9.30 am – 4 pm

ADELAIDE SA

(Course runs over two consecutive weekends)

Venue: Training Room, Drug & Alcohol Services,
94 Fourth St, Joslin

Enquiries: Sheryl 0428 271 743 or Kath 0412 732 129

Tuesdays: 30 April; 7, 14,
21 & 28 May; 4, 11, 18 &
25 June

6.30 – 9.30 pm

NORTHERN BEACHES, SYDNEY NSW

(Course runs over nine consecutive weeks on Tuesdays)

Venue: 3 Gondola Rd, Manly Warringa Pittwater
Community Services Bldg, North Narrabeen

Enquiries: (02) 4782 9222

Sat 4 & Sun 5 May
Sat 18 & Sun 19 May

9.30 am – 4 pm

GEELONG VIC

(Course runs over two weekends with a break – Mothers Day)

Venue: The Swanston Centre, cnr Myers & Swanston Sts,
Geelong

Enquiries: Debbie 0412 382 812

Sat 15 & Sun 16 June
Sat 22 & Sun 23 June

9.30 am – 4 pm

SYDNEY NSW

(Course runs over two consecutive weekends)

Venue: Burwood RSL, Shaftesbury Rd, Burwood

Enquiries: Tony 0412 414 444

Sat 20 & Sun 21 July
Sat 27 & Sun 28 July

9.30 am – 4 pm

COFFS HARBOUR NSW

(Course runs over two consecutive weekends)

Venue: The Mud Huts, Duke St, Coffs Harbour

Enquiries: Theo 0402 604 354

Sat 17 & Sun 18 August
Sat 24 & Sun 25 August

9.30 am – 4 pm

PORT MACQUARIE NSW

(Course runs over two consecutive weekends)

Venue: 53 Lord St (next to ABC), Port Macquarie

Enquiries: Theo 0402 604 354

VOLUNTEER TRAINING

Sat 27 & Sun 28 April

9.30 am – 4 pm

MELBOURNE VIC

Venue: Seminar Room, Monash Sport Building 1, Clayton
Campus, Monash University, Wellington Rd,
Clayton

Enquiries: Sandra 0416 212 426 or (02) 4782 9222 or
Debbie 0412 382 812

BEREAVEMENT LUNCH

An opportunity to meet and discuss providing support to families who have lost people to drug-related deaths

Saturday 4 May

SYDNEY NSW

1 pm

Venue: Sydney Rowing Club, 613 Great North Rd,
Abbotsford

Enquiries: RSVP by 17 April to (02) 4782 9222

DRUG ACTION WEEK & FDS 16th ANNIVERSARY

FDS is planning a major event on this day. More details will appear in the next Insight newsletter and on the website.

This event will include an exhibition, school debate, youth entertainment, guest speakers and hypothetical and personal stories.

Thursday 20 June

SYDNEY NSW

Time: TBA

Venue: TBA

Enquiries: (02) 4782 9222

A Happy Result

I thought you may like to hear the good story of my son who is on the Suboxone program, has been for seven years. He is 45 years of age; 11 years ago he was in Odyssey House for seven months, he had some ups and downs after leaving the rehab, then decided to try the Suboxone which is really good for him.

He is married with two daughters, 13 years and 15 years, a supportive wife and he has a good job as a plumber. It has taken a while, but I really think he is back to his old self.

My husband and I are very proud of him. Cheers, K & GJ

Subscriptions Due

If you have a subscription renewal in this issue,
it means you have not renewed for 2013.

We don't want to lose you and for \$20 your membership can be renewed and you can continue to receive our information and benefits.

Extra copies of *Guide to Coping* can be obtained for \$5 plus postage.

Trio Of MPs Push For Probe Into Drugs Laws

R. Willingham, *Brisbane Times* (27/6/12)

Decriminalising drugs will be investigated by Australia's top independent policy adviser under a plan championed by a trio of federal MPs from different sides of Parliament, with the aim to take politics out of the debate.

In April a report from the Australia21 think tank argued the 'war on drugs' and tough stance on illegal substances had failed, sparking debate and gaining support for decriminalising personal use from eminent Australians, including former police commissioners and premiers.

Liberal MP Mal Washer, Greens senator Richard Di Natale (who are both doctors) and independent Rob Oakeshott will this morning call on the government to ask the Productivity Commission to investigate the current adequacy of illegal drug laws.

'The reason for the Productivity Commission is to take the politics out of it and base it on evidence – which is dispassionate and hard nosed,' Senator Di Natale told *The Age*. 'I've lost count of how many MPs have told me privately we have to change the approach to drugs but won't speak out.'

It is unclear which MP would move a motion but Dr Washer said he would ideally like a government MP to do so to ensure the best chance of success.

Dr Washer said the focus needed to be on social and health programs, not criminal charges for users.

'Most of the doctors I know say that. The evidence is there across the world for the change. We just need to get governments to have their own commissions to say that is right.'

Labor MP Andrew Leigh has previously said that in relation to drugs 'facts and evidence – not ideology and dogma – are the Australian way'.

He is believed to have spoken to the group in the past about a Productivity Commission push. However, he does not have the backing of the caucus.

Prime Minister Julia Gillard in April rejected calls to decriminalise drugs.

The report found that much of Australia's street and household crime was driven by the need for money to buy illegal drugs such as heroin.

About 400 Australians die each year from illicit drug use and thousands more suffer significant ill health as a result of unsafe injecting and infections.

The Australia21 paper acknowledged fears that liberalisation could increase, rather than decrease, dangers to children. But it said a growing body of evidence from overseas 'indicates that these fears are misplaced'.

Despite the push, an *Age*/Nielsen poll in May found two-thirds of Australians opposed decriminalisation, reflecting little change in attitudes from a similar poll 13 years ago.

Dr Washer said there was a difficult ‘cascade’ where drug users were sent to jail for small offences and then

struggled to find work, which in turn led them back to drugs.

The trio’s motion would review current policy efficacy, particularly ‘the economic cost of law enforcement around illicit drugs – both budgetary costs, and society-wide economic impacts’.

Wasted Lives: My Son The Drug Addict

B. Jabour, *Brisbane Times* (14/3/13)

A drug addict steals \$25,000 from your bank account. What do you do?

Go to the police? Organise for the offender to see a therapist? Try to help him or her overcome the addiction?

Mary* chose to try and help the young drug addict who stole from her. She let him live with her. She tried to organise treatment for him. The addict who stole thousands of dollars from Mary was her son.

The further away from drug addiction people are, the more black-and-white the issue seems. Shades of grey usually only emerge when someone you love could end up behind bars, or unconscious in the back of an ambulance.

When Mary discovered that her son had stolen \$25,000 from her, she certainly considered going to the police. At the same time, however, a host of other questions ran through her head.

Was it the best thing for him? Would it help him? Would he be better off in a treatment facility? Could she possibly make the situation worse?

As a mother, she focussed on the best possible outcome for her son, not on achieving ‘justice’.

Were everyone to approach drug addiction with the same philosophy, the drug landscape might look completely different. However, after watching her son battle addiction for 17 years, Mary is still unsure about how best to deal with such a situation.

‘They either group them with mental health patients or they’re criminals, so it’s two extremes where it should be somewhere in the middle,’ she said.

‘It is an illness and it creates mental issues for sure, but that’s not the crux of it. You dig deeper into the child’s life and you find out things. I found out things I never knew occurred when he was child.’

For years Mary thought James' story began when he was 15-years-old and started smoking marijuana.

What she did not know at the time – not until he was in his 20s – was that he was also using amphetamines and injecting speed, doing anything he 'could get his hands on'.

Today he is 32-years-old, with three children to three different women and multiple suicide attempts behind him, his latest in November.

Although he has mostly lived with Mary in her suburban Brisbane home through the years, she was oblivious to his addiction until she found \$25,000 missing from her bank account 10 years ago.

'He was able to deceive me for that long,' she said.

'I don't really know [how he hid it], I don't know if I was ignorant to it or, the interesting thing is I work in an industry where drugs are quite rampant and I'm quite good at picking who is taking things. But maybe it was a case of I didn't really want to see it, I didn't want to think that he was doing that.'

James has been through almost every hospital, rehabilitation and treatment facility in Brisbane.

At some of the treatment facilities, Mary says, it was easier for him to get his hands on drugs than it was in the 'outside world'.

And in the outside world, it was pretty easy.

'Interestingly enough around the suburbs, there are networks where you can go and get them quite freely and easily,' Mary said.

'Interestingly enough, it was older people, females, who were selling them. Which is what I wouldn't have at that time thought. I wouldn't have associated it with a female who had young children or anything like that.

'That's not the first person you think of, but that is one of the places he was getting it from. It was quite readily available, it wasn't difficult for him to get hold of.

'To pay for them he stole from his grandparents, stole his grandmother's jewellery. That was a continual situation all the way through.'

When he stole the \$25,000, Mary's partner urged her to tell the police, but she continued to try to find him the right treatment.

And James has finally reached a turning point, his family believe, which has come with the revelation he was sexually abused by his biological father, Mary's ex husband.

Now Mary cannot help but wonder: Why did none of her son's earlier treatment uncover this? Why did it take 17 years of addiction and countless suicide attempts?

'It's been an extremely trying time for everybody in the family, including my parents,' she said. 'It extends out and of course to the siblings, the siblings can see what he's doing and resent him for it.

'...He would get violent at times and it was really, really difficult. And it wasn't until the last suicide attempt that, I don't know, it was like something gave way and we actually got him in to [name withheld] clinic.

'And he's been to a lot of places... and nothing had really made any difference but again, the way they're treating it I don't know if it's the correct way.'

Mary is not sure what has this time made a difference to her son, who is on a disability pension which Mary does not think is beneficial for him.

When he was lying in the emergency room in November, she took photographs to show him later and drive home what his family had been confronted with. But Mary has noticed a change. James had shown little-to-no interest in his children, aged between four and nine. Until now.

She believes it takes a combination of therapy and proper monitoring to pull addicts through, and keeping them under 'lock and key' does not help.

'If the system recognised it [the root of the drug addiction] in the first place and didn't just lump them in with a bunch of people who have bipolar, schizophrenia or whatever and recognised it's treatable, they can treat them,' Mary said. 'But they don't seem to want to do that.'

* Mary and James are not their real names.

A Blast From The Past

Tony Trimmingham

A member forwarded an interview with Tony Woods that was published in a US right wing journal which makes interesting reading. I have always respected the Woods and although I think differently on drugs policy have always understood and accepted their point of view. Obviously from this article Tony Wood does not have the same regard for me and fellow FDS members. There is little in the article that is actually correct!!

I have not reprinted the article as it would take up too much valuable space but if you wish to read it the following link will get you there.

Oh and Tony – Soros funding – we wish!!

http://www.larouchepub.com/eiw/public/2000/eirv27n03-20000121/eirv27n03-20000121_044-the_fight_for_a_zero_tolerance_d.pdf

NEWS FROM OVERSEAS

United Kingdom

THE TRAINSPOTTING GENERATION

Mark Renton, the heroin-addicted Scottish anti-hero of Irvine Welsh's novel 'Trainspotting', avoids prison by joining a government methadone programme. 'It's a fuckin' killer,' he complains. 'Gies us the heebiejeehies.' After swallowing his three sickly methadone jellies, he heads to his dealer for a proper hit, 'tae get us ower this long, hard, day.'

In 1993, when 'Trainspotting' was published, methadone treatment was new and heroin was a scourge. Terrified by the spread of HIV and AIDS among drug-injectors, the then Conservative government authorised the prescription of methadone—a synthetic alternative that helps to relieve the withdrawal symptoms from heroin and to reduce the craving for it. Crucially, it requires no needles.

Two decades later some of the original addicts are still taking it; what to do about them is increasingly controversial. Heroin is no longer the problem it was. On March 6th the National Treatment Agency (NTA), which co-ordinates drug treatment across England, reported that the total number of heroin and crack-cocaine addicts has fallen below 300,000 for the first time since estimates began.

Over half of the remaining addicts are at least 35 years old. Heroin is now implicated in fewer deaths than at any time since 1997.

So the focus is on managing the current stock of addicts: the 'Trainspotting generation'. Methadone and buprenorphine, another heroin substitute, are among the main tools. For the most difficult cases, the Department of Health is even experimenting with prescribing pure heroin to be injected in clinics, a reprise of the tolerant 'British system' of drug control that existed before 1971. That strategy has worked well in reducing crime rates in parts of Switzerland and in Vancouver.

But policy changes threaten to undo this progress. The first worry is that, in April, the NTA is to be scrapped and its functions transferred to Public Health England, a bigger quango. As part of the reform, responsibility for commissioning treatment for drug addicts will be devolved to local authorities. Paul Hayes, the outgoing head of the NTA, fears that pinched local councils will choose to divert funding away from drugs treatment towards other public-health goals, such as reducing smoking or obesity. If waiting lists for treatment grow, addicts denied methadone may instead resort to theft or drug dealing, he says.

Under the coalition government's drugs strategy, treatment providers are

expected to get addicts out of treatment and off methadone entirely. This sounds worthy. But several charities are nervous about the changes. Elliot Elam of Addaction, says that drug users kicked out of treatment too early often relapse or become alcoholics. Yusef Azad, of the National AIDS Trust, fears that if persistent users are denied treatment, they may spread blood-borne diseases. 'We don't make people come off insulin,' he says.

Europe's heroin epidemic was partly a product of industrial decline: its grip was strongest in decayed cities. The worst of it is past. But it has left a residue of heroin addicts, most of whom have much deeper problems than needing a fix. Homelessness, disease and mental illness are also common. Getting clean is often possible only when those needs are met. Some addicts will never break free. Mark Renton may not have liked them, but for many of his contemporaries, those sickly green jellies provide the only thing approaching stability. The Trainspotting generation will need access to them for a while yet.

The Economist (23/3/13)

Norway

NORWAY MAY DECRIMINALISE HEROIN IN ORDER TO CUT DOWN OVERDOSE RATE

Norway may change its tune on the legality of smoking heroin.

The Norwegian government announced Friday it would consider

decriminalizing heroin inhalation, the *Agence France-Presse* reports. While smoking the substance would be allowed, other methods of use, such as injection, would still be considered illegal.

The move seeks to cut down on the number of overdoses in the county. The Norwegian Institute for Alcohol and Drug Research reported in 2011 that heroin was the most common drug injected. Of 285 drug-related deaths reported in the country in 2009, 137 were linked to heroin use.

'The numbers of deaths from drug overdoses is too high, I would say it's a shame for Norway,' Health Minister Jonas Gahr Støre told Norwegian newspaper *Dagsavisen*, according to Views and News from Norway. 'The means by which addicts take their drugs is important in preventing overdose. My opinion is that we should allow them to smoke heroin. Injecting it is worse and more dangerous.'

The plan follows recommendations made in the 2011 study of fatal overdoses in the Norwegian city of Oslo, conducted by the Norwegian Center for Addiction Research. Noted in an annual report on the drug situation in Norway, the study concluded the following:

The high prevalence of fatal overdoses in Oslo can be explained by the high number of persons who inject heroin in combination with other substances. Thus, a reduction in the number of fatal overdoses will be possible if the number of persons who inject is reduced. This can be achieved by

facilitating smoking instead of injecting through the distribution of smoking equipment and allocated areas ('user rooms') where the substances can be smoked.

Heroin use among Norway's population has been an issue since the early 1980s, when the prevalence of intravenous heroin users began to increase steadily, according to a 2010 study on hard drug use. Among illegal drug users who reported heroin use, 90 percent said they injected the drug.

While the drug is currently illegal in many European countries, several European cities, including Oslo, fund clinics where users can safely inject the drug. According to the World Health Organization's annual report, heroin is the main opioid used in Europe.

S. Gates, Huffington Post (4/3/13)

Czechoslovakia

CZECHS LEGALISE MEDICAL MARIJUANA

Prague – Czech lawmakers on Wednesday greenlighted marijuana as a legal medicine for use by patients suffering from serious illnesses.

The bill, which must now be signed by the president to take effect, makes the drug legal and available on prescription for patients with cancer, Parkinson's disease, multiple sclerosis or psoriasis.

The move was approved by 67 of 74 senators present in the 81-member upper house.

The Czech Republic will first import the drug for about a year, reportedly from Israel or the Netherlands, until the State Institute for Drug Control starts issuing licences valid for a maximum of five years to local growers.

Under the bill, which does not allow marijuana treatments to be covered by health insurance, the institute will also determine the crop area and organise tenders for marijuana purchases from farmers.

'Every new commodity is good for our farmers,' Jan Veleba, head of the Agricultural Chamber, said quoted by the CTK Czech News Agency.

An ex-communist country of 10.5 million people which joined the EU in 2004, the Czech Republic is one of the most liberal European countries when it comes to soft drugs.

Under local rules, people holding up to 15 grams (0.53 ounces) of marijuana or growing up to five plants of cannabis risk just a small fine – an approach that often attracts smokers from other countries such as Poland, where tougher rules apply.

A 2011 national report on narcotics said 16.1 percent of Czechs aged 15-34 confessed having used marijuana in that year, down from 20.3 percent a year earlier.

In December, Colorado became the second US state after Washington to legalise marijuana for recreational use as its governor signed a voter-backed proposal into law.

IOL News (30/1/13)

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
Anthony	Clayton	11/01/1968	25/05/1989	21
Benjamin	Hayes	26/04/1977	17/04/2004	23
Cameron	Worsley	31/07/1970	10/04/1997	26
Cathy	Siefken		03/05/2001	22
Cecily	Irwin	27/04/1972	28/05/1996	24
Craig	Skeers	09/04/1975	19/05/1997	22
Damien	Stirling	05/04/1968	09/04/1994	26
Henry	Dobrowski	10/10/1959	17/04/1994	34
Jason	Wargo	13/12/1983	25/04/2000	16
Jay	Franklin	14/01/1976	16/04/1998	22
Jessica	Stopira	1977	April 2004	27
John	La Rocca	25/05/1973	25/05/1996	23
Julian	White	11/12/1975	22/05/1998	22
Justin	Daley	03/12/1959	14/05/1999	39
Kyron	Hansen	01/10/1975	14/04/1999	23
Lee	Kearney	19/05/1960	20/05/2000	40
Lynette	Boyle	08/02/1974	25/05/2001	27
Michael	Dransfield	18/09/1948	20/04/1973	24
Naomi	Carden	18/10/1973	13/05/2001	27
Paul	Carter	04/04/1967	18/05/1991	24
Paul	Goodman	05/03/1958	06/04/1999	41
Paul	Irvine	21/08/1967	28/04/1999	31
Paul	McCrae	1975	08/04/1998	23
Paul Godfrey	Davis	28/01/1975	08/04/1998	23
Paula Rose	Bassett	16/01/1980	29/05/1998	18
Peter	Stephens	20/01/1959	18/04/1996	37
Preston	Strahan	24/03/1983	24/04/1999	16
Rodney	Chevell	01/07/1965	16/04/1989	23
Ross	Tomilson	09/01/1979	07/04/2010	31
Shane	Spiteri	16/04/1974	03/05/1999	25
Shawne	Ramsden	29/08/1968	20/05/1995	26
Skye	Walton	10/09/1979	17/05/1997	17
Steven	Terry	06/06/1978	18/04/2000	21
Suzanna	Raper	11/02/1967	01/04/1997	29
Timothy	Novelli	13/09/1973	20/04/1999	25
Vinton	Field	21/09/1976	30/05/1997	20

Scrap Ecstasy Charges, Says Ex-Minister

M. Davey, *Sydney Morning Herald* (20/3/13)

Ecstasy users should not be charged by police, former federal health minister Neal Blewett says.

The former Labor MP also says cannabis laws around the country are ‘chaotic’ and need reform.

Dr Blewett made his assertions in a keynote address to a police drug and alcohol forum in Australasia on Tuesday. He believed resources should target the most serious drug abusers.

‘Already we struggle with drugs, including designer drugs scarcely on our horizon in the past,’ said Dr Blewett, the minister who launched Medicare.

‘The whole development of the internet has introduced a vast new range of problems in the ways drugs are distributed in our society,’ he told 6th Australasian Drug and Alcohol Strategy Conference.

‘The fact that the majority of criminal justice resources are absorbed by minor first-time drug users, by the way of cannabis and ecstasy, should make us rethink the use and allocation of these resources.’

He said all use and possession of small amounts of cannabis should be treated as a civil misdemeanour.

‘And there is a good case for treating ecstasy in the same way.’

In NSW, police charge anyone in possession of ecstasy, with the courts deciding whether a criminal conviction is recorded. With cannabis, police have the discretion to issue warnings rather than lay charges.

The conference was held jointly by the NSW and federal police.

In his address, the Federal Police Commissioner Tony Negus said large-scale drug crime was a major focus, with the country an attractive target for drug traffickers.

‘This is thanks to a strong economy and Australia’s apparently insatiable appetite for illicit drugs,’ he said.

‘An example of that is the willingness of users to pay up to \$300 for a single gram of cocaine, four times the cost in the UK.’

Mr Negus referred to the 2013 Global Drug Survey conducted in partnership with Fairfax, with a report on Tuesday revealing about 20 per cent of the 6600 Australian respondents had used cocaine in the past year, while 45 per cent had taken it at some time in their lifetime.

‘While these statistics would need further investigation, on their face value they are very alarming,’ he said.

Margaret Hamilton, executive member of the Australian National Council on Drugs, said experts were also focused on the array on novel drugs appearing in Australia.

‘How do we decide if they are illicit, licit or if they sit somewhere in between?’ Professor Hamilton said. ‘We’ve seen this in recent concerns in

the sports environment. How do we define some of these substances that are so complex that they are well ahead of our capacity to make decisions and to legislate?’

Health workers needed to work with law enforcement, politicians and international experts to tackle drug abuse, she said.

A Huge Respect For FDS

Dear Sandra,

I’m so sorry I haven’t emailed sooner, I do remember telling you that I would be back from Europe on the 22nd of February. However, I am still in Europe!

I have decided to hand this year over to finishing off modelling which I’ve been doing now for about five years. I have been dreading sending this email. I have your voice in my head from the phone interview I had with you after filling out my application.

You asked me if I was sure I could commit to FDS because you have had a bit of trouble with the younger volunteers when it comes to commitment. I have failed in that I will be leaving you guys for 2013. But I have every intention of coming back and continuing where I left off with Family Drug Support.

I have gotten so much from this organisation, I love everything that FDS stands for and I feel it has given

me a heap of direction in terms of what I want to do with my psychology degree and my life. Not only do I feel it will help me grow professionally but as a person too.

Through FDS I’ve been given the opportunity to really learn about effective communication; something we assume we can all do because we do it all the time.

After only two training weekends with you guys I’ve realised there’s a lot more to it all. I’m learning to try to not control, to be ok with silence (which is a huge discomfort of mine), to listen and reflect instead of offering opinions and solutions.

I could go on and on, this is really only the tip of the iceberg. And for that I can’t thank you guys enough. I respect the hell out of you and Tony, and the rest of the FDS team. And what a team it is!

I’ve brought my ‘Guide to Coping’ along with me and I will have the

newsletters forwarded on to me by my Mum. I will do my best to continue to grow as a volunteer even if I'm not there to help out with the phone lines, or able to attend that outstanding weekend in Mulgoa.

This wasn't an easy decision; it was hard to think about postponing my studies and also having to let you guys down. I got really excited after the Mulgoa weekend; I started thinking a lot about how I could get more involved with FDS. The drug info sessions really jumped out at me. I'd love to go into training when I get back

to help out with running them. And maybe one day I can run a support meeting somewhere where it's really needed. For now though, I really need to take advantage of this rare opportunity. This industry is very time sensitive and I'm not getting any younger! I hope you understand.

I very much look forward to working with everyone again in the very near future.

Take care and have a wonderful 2013,
Ashleigh W

To My Friend

I am a different person, a better person since we first became friends. Your honesty helps me to see my weaknesses and your support helps me to turn them into strengths.

Thank you for not saying the things you think I want to hear – but for saying the things I need to know.

I trust when you tell me that I've done well – because you are one of the few who will tell me when I could do better. You challenge me to be the best I can be ... by accepting and appreciating me – you've helped me learn to accept and appreciate myself.

Thank you for being my friend.

Kathy

A Guide To Coping

Would you like a new/replacement/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.

My Drinking, Your Problem: Alcohol Hurts Non-Drinkers Too

R. Room, *The Conversation* (26/2/13)

Drinking a lot of alcohol is bad for the drinker's health, both in the short and in the long run. But drinking often affects others adversely, too. This is well recognised for drink driving, and once the size of the problem was established, policies were put in place that successfully drove down rates of drink-driving deaths and injuries.

But there are a range of harms to others from drinking. These include effects on family life and members – sometimes just a bad moment, sometimes very serious. The drinker may spoil a family holiday, or may fail to pick up a child from preschool. Drinking is often implicated in family violence and in child neglect.

There are effects on friends and on work life – friendships broken off, injuries in a drunken fight, work time spent filling in for a drinker or getting help for him or her. And there are adverse effects on people who don't know the drinker – annoyances like late-night street noise, and more serious impacts, such as injury from trying to break up a drunken fight, or the cost of fixing or replacing broken furniture or torn clothing when someone had a bit too much.

These kinds of effects are immediately recognised when they're mentioned. But they mostly haven't been

quantified – we don't have the kind of routine statistics even for serious events that we have for drink-driving. And usually, a social problem needs to be quantified to focus our attention on it.

In 2010, we published a report doing just this for problems from others' drinking – laying out how many different types of problems there are, and quantifying them. We looked at how common the problems are, and the costs to people other than the drinker.

Commissioned by the Foundation for Alcohol Research and Education, the report looked at the problems through two windows.

One window is the case records of the agencies that are the front line of response to problems in our society – the police, the ambulances, the hospitals, the child protection services. This window shows us the more serious problems, the ones that come to official attention.

The other window is what people in the population at large tell an interviewer in a survey about problems they've had in the recent past with others' drinking.

What we found is that, from both perspectives, the problem is large – that there are many serious cases and events, and that the experience of

problems from others' drinking is widespread in the population at large.

At the most serious end, we found that in a given year, 367 Australians die because of another's drinking, and 13,660 are hospitalised. An estimated 19,443 substantiated child protection cases involve a carer's drinking and 24,581 assaults on family members reported to the police involve drinking, as do 44,852 assaults on the street and elsewhere.

In terms of the broader picture, most of us – 73% of adults – have experienced some kind of adverse effect in the last year from someone else's drinking. Of these, 5% were negatively affected in our work by a co-worker's drinking, 16% by a relative's or household member's drinking, 11% by a friend's and 43% when a stranger's drinking resulted in abuse, threat, property damage or worse.

But though adverse effects of strangers' drinking were more widely reported, the adverse effects in the household and family were more likely to be substantial, whether measured in terms of seriousness or of out-of-pocket costs and lost time from work.

Our report attracted a lot of interest internationally. Quoting it, the World Health Organization decided to measure alcohol's harm to others as a major strand in its Global Strategy the Reduce Harmful Alcohol Consumption.

Over a dozen countries, from every inhabited continent, are now conducting studies using the approaches in our report.

And we have continued to do research on the issue, including a forthcoming study of patterns over time – what determines who is repeatedly adversely affected by others' drinking over a period of years.

But what should we do with this knowledge of substantial adverse harms from others' drinking? One option is to deny or discount it – maybe they didn't measure it right. The alcohol industry's reaction was to pay some economics consultants to do a throw-everything-at-it critique of our report. But we could and did answer the criticisms in detail.

Or, we should find those responsible and punish or treat the problems away – maybe if we can get all the alcoholics into treatment or gaol, the problem will go away. Alcohol-related violence has nothing to do with nightclubs or liquor barns pushing booze, it's argued, it's just a problem of the 'bad-apple' drinker. But, as police leaders have repeatedly pointed out, we can't arrest our way out of these problems.

The alternative is to decide that we need to do what was done with drink-driving – take the problem seriously, and take measures that actually have an effect. Australia has been doing this with second-hand smoking, even though the proportion of the problems borne by others around the user is

much smaller for tobacco than it is for alcohol.

Taking the problem seriously has to include rethinking policies of a free market in alcohol, with slabs or casks available around the clock and clubs and pubs open until five in the morning. It will require addressing the constant alcohol ads playing to our children while they watch sports on television. If we find that there are too

many costs and sorrows, we need to start a serious policy discussion about how to reduce these harms.

Maybe if it were just the drinker's health at stake, you could argue that he or she should be left alone to drink to oblivion. But the stakes are higher and the impact broader than that. In decisions about alcohol policy, the effects on others, and not just on the drinker, need to be taken into account.

Amphetamine Seizure Represents One Month's Use

B. McConnell, Media Release (28/2/13)

The seizure by police of 585 kg of ice, whilst a great effort, only represents an estimated 6.8 percent of Australia's yearly usage¹, or in other words one month's consumption', said Brian McConnell, President of Families and Friends for Drug Law Reform.

'While this new report of the 'largest drug bust ever' could lead one to believe the end of the drug trade is near, in reality the report simply camouflages the ineffectiveness of trying to prevent drugs coming into Australia.'

Families and Friends for Drug Law Reform has for many years been calling on law enforcement organisations to report their efforts in a more effective way, avoiding the sensationalism, and reporting seizures relative to consumption.

Large seizures usually indicate an increase in importation of the drug.

'The real stories contained in this news are:

- that the seizure will be but a small blip (if any) in the supply of amphetamines,
- that the huge profits to be made from amphetamine sales will simply attract new suppliers to replace those arrested.'

'This is a classic case of repeatedly doing the same thing and expecting different results.'

'Until the whole concept of prohibition is examined and different approaches are attempted, nothing will change.'

Teens Flock To Hidden Website For Drugs

A. Corderoy, *Sydney Morning Herald* (20/3/13)

Teenagers as young as 16 are using the underground drug sales website *Silk Road*, the Fairfax Media Global Drug Survey reveals.

The survey, which was the first to interview Australian users of *Silk Road*, found their ages varied from 16 to 89 and most were using it to buy more 'traditional' drugs such as ecstasy and cannabis.

About 6.5 per cent of users were age 16 and 17, which was the youngest age allowed to participate in the survey, said Monica Barratt, a research fellow at the National Drug Research Institute who analysed the results.

Dr Barratt said she was surprised that the majority of people were avoiding the proliferation of new and untested drugs available.

The most common drug people said they had bought was MDMA (ecstasy), followed by cannabis, LSD and cocaine.

'We are not seeing a lot of people who are choosing really weird drugs,' Dr Barratt said. 'They are choosing the drugs they know.'

Dr Barratt will present the findings at the Australasian Drug and Alcohol Strategy Conference in Sydney on Wednesday. She said the survey raised the question of whether people were

choosing to buy so-called 'legal highs' – newly invented drug compounds that are often sold in adult stores and tobacconists – because other drugs were illegal.

'Maybe we can see the *Silk Road* as a kind of microcosm of what might happen if we lived in a world where all drugs were regulated,' she said.

Of the more than 2500 people who said they usually bought their own drugs, more than half had heard of *Silk Road*, the majority learning about it from media reports. However, even though many had looked at the site, only 184 had bought drugs.

Dr Barratt said *Silk Road*, which operates through the so-called 'dark internet' and uses an alternative currency, may not be that easy for people to use.

More than 6600 Australians responded to the Global Drug Survey, making it the largest, most up-to-date survey of current drug users conducted in Australia. Its results are not representative of the broader population, as participants were more likely to be male, older and well off.

Nearly two-thirds of people who had heard of *Silk Road* but chose not to buy drugs there said they already had adequate access to illicit drugs and about half said that they were worried about police or customs.

Dr Barratt said dealers tended to promise the drugs would not be detectable because they are vacuum packed and sealed in ‘stealth packaging’ but, anecdotally, it appears Australians have more trouble importing drugs than people in Britain and Europe, where borders are more porous.

About a quarter said they were concerned about being ripped off.

The Australasian Drug and Alcohol Strategy conference at Luna Park begins on Wednesday and will be attended by police commissioners from every state and territory and New Zealand.

New Party Wants Drug Decriminalisation

P. Caruana, *News.com.au* (3/3/13)

A new political party hopes to put the issue of drug decriminalisation on the agenda at the upcoming federal election.

Greg Chipp, whose father Don was the founder of the Australian Democrats, launched the Drug Law Reform Australia party in Melbourne on Sunday.

Mr Chipp says the party aims to reinvigorate the debate about drug laws in Australia.

‘We believe the issue of drug law reform has been comprehensively ignored by the major parties and the best way of dealing with that is through the electorate,’ Mr Chipp told AAP. ‘We are a single issue political party.’

He said he was disillusioned at the lack of interest in a report released last year by think tank Australia21, which argued the war on drugs had been lost

and the tough law-and-order approach was doing more harm than good.

The report, written by a group made up of former federal law enforcement officers, health ministers and premiers, including current Foreign Minister Bob Carr, said the prohibition of the use of certain illicit drugs had failed comprehensively.

Mr Chipp said the party hoped to field senate candidates in every state at the September 14 election. He was joined at the launch by Law Enforcement Against Prohibition head and former police officer Greg Denham and Families and Friends for Drug Law Reform founder Marion McConnell.

The party needs to find 500 members in order to register as a political party with the Australian Electoral Commission.

Don's Review

Jill Stark: **High Sobriety – My Year Without Booze** (Melbourne: Scribe, 2013)

Jill Stark has won various awards for her journalism, including her eponymous wake-up call: the award named in her honour for the fastest return to work after a wipeout binge drinking session. It's easy to get on one's high horse and pontificate about the various merits associated with such a debatable award, but she manages to see the funny side of it and to marry this mild humour to the far more serious implications involved.

In her mid thirties, the author realised, without the anticipated and accompanying moral overtones and personal disgust, etc, that something had to be done. She was, to be frank, a drunk. Call it what you will, but there we have the crux of the matter. The first few days of being on the wagon proved both enlightening and, indeed, fascinating for her. I'm deliberately avoiding spoiling the fun, because there *is* fun as well as deep (deadly?) significance involved. The delightful fascination with lists, for example, something I share with her, keeps the laughter ticking over. I should imagine that many FDS members have smiled in private and also shared this strange little human foible with its joyful satisfaction of, as she puts it, holding in one's hand a fully scored-off list. There's also the quiet but revealing admission that one of the most difficult boxes to tick is the one which she calls a *hopeful 'find love'*.

No less a vibrant personality than Annabel Crabb has been chosen for a blurb quote on the back cover. She writes:

A frank, entertaining and at times confronting glimpse of what Australia might look like without a hangover.

I've highlighted this because of Annabel puts it much better than I could. We know well her ability to cut right to the chase, to put something succinctly and with a depth of understanding that allows us in there with her. I think she's got this sentence dead right. Jill Stark is subtle but precise as we realise, bit by bit, that she is enticing us to view our beloved country as under the threat of becoming a nation of alkies. And that's not all funny.

You just can't walk around her supporting statistics and the eminent experts on whom she draws for her information. Extended opening hours, ease of alcohol procurement, the pride of youth associated with the wiping oneself out, the citing of strange cases of disgusting behaviour with their associated honour and awards (I have in mind here, specifically, the very well-known 'record' set by that wonderful batsman and fieldsman David Boon on a plane journey, and the remarkable downing of the yard of ale by former prime minister Bob Hawke)... one could go on listing (pardon the pun!) the examples. They ain't pretty.

Just as a small personal insight, I returned to teach at my university for a brief period after my early retirement and, because my classes extended in the evenings, and because I knew the university grounds backwards, I was on many occasions picking my way backwards and forwards to my parking area by the most direct route. That involved my travelling through a couple of the residential areas and, look, I'm no wowser, but I found myself coming home distressed and asking my wife what the hell was happening: bottles strewn around, cans of stuff that you and I wouldn't drink three quarters empty on tables, chairs and the grass, garbage already strewn here and there and the first signs of vomit. If you arrived in the early morning, you often witnessed the aftermath. And yet I heard students boasting loudly (*very* loudly, as many are wont to do) of their previous evening's series of boozing and subsequent throwing up. If it's a sign of the times, God help Australia.

The clubs and pubs and, of course, the large entrepreneurs all come in for a serve, as indeed they should. The cost of liquor and its access points these days has become farcically easy if you see it as being the cost of younger generations setting themselves on a path to destruction. You can read this

book without feeling frustrated and angry. The prologue sets the tone. As I said to you above, I don't want to destroy either the flow or the 'enjoyment' associated with the journey the author takes us on. She's a journo and she knows her to gain our attention and to hold it. Tales of hazardous drinking competitions need to be saved for the reader, not destroyed by a reviewer.

So does she make it through the year? Read the book. But be assured that, whatever happens, you'll get some vital information at the end of the book, some specific details on places that can be approached for advice. It's not a textbook, so these details are very limited and that's probably a good thing too. Let me just say that the tension associated with the last dozen or so pages will rock you to your socks. This is an instructive and very, very serious autobiographical work, kept afloat by amusing self-anecdotes and tension.

Look, it's a good story, and a journalist is a journalist after all, but you need to have guts to write something like this, something which reflects on you and where you use your own case to examine a national issue. It's such an important book.

Youth Drug Support www.yds.org.au

Family Drug Support www.fds.org.au

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

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 <i>country callers</i>
AIDS HIV Info Line	(02) 9206 2000 / 1800 063 060 <i>country callers</i>
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 <i>country callers</i>
Parent Drug Information Service WA	(08) 9442 5050 1800 653 203 <i>country callers</i>
Parent Line NSW	13 20 55
Ted Noffs Foundation Centre for youth and family drug and alcohol counselling services	1800 151 045

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

Family Support Meetings Apr–May 2013



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

Volunteers Room, Ashfield Uniting Church (down right hand side of church)

180 Liverpool Rd, Ashfield. *Enquiries:* 0410 494 933

every Monday
(7 – 9 pm)

NSW – Parramatta

2nd/4th Tuesday of month: 9 & 23 Apr; 14 & 28 May; 11 & 25 Jun

Parramatta City Council, Dan Mahoney Room, 2 Civic Pl, Parramatta. *Enquiries:* (02) 4782 9222

(7 – 9 pm)

NSW – Chatswood

1st/3rd Wednesday of month: 3 & 17 Apr; 1 & 15 May; 5 & 19 Jun

Dougherty Community Centre Studio, 7 Victor St, Chatswood

Enquiries: Liz 0417 429 036 or Hillary 0418 656 549

(7 – 9 pm)

NSW – Kincumber

1st/3rd Wednesday of month: 3 & 17 Apr; 1 & 15 May; 5 & 19 Jun

Arafmi Cottage, 6/20 Kincumber St, Kincumber. *Enquiries:* Marion 0439 435 382

(7 – 9 pm)

NSW – Charlestown (Newcastle/Hunter Valley Region)

every Tuesday (10 am – 12 noon)

Uniting Church (opp Attunga Park) 24 Milson St, Charlestown. *Enquiries:* Jim: 0439 322 040

NSW – Port Macquarie

1st Monday of month: 8 Apr; 6 May; 3 Jun

Education Rooms, rear of Community Health Centre (next to water tank)

Morton St, Port Macquarie. *Enquiries:* Pam 0438 994 269

(6 – 8 pm)

NSW – Coffs Harbour

1st/3rd Monday of month: 15 Apr; 6 & 20 May; 3 & 17 Jun

The Mudhut, Duke St, Coffs Harbour. *Enquiries:* Theo 0402 604 354

(7 – 9 pm)

NSW – North Narrabeen

every Tuesday

3 Gondola Rd, MWP Community Aid Bldg, North Narrabeen. *Enquiries:* Carol 0417 724 632

(6 – 8 pm)

NSW – Byron Bay

2nd/4th Tuesday of month: 9 & 23 Apr; 14 & 28 May; 11 & 24 Jun

Guide Hall, Carlyle St, Byron Bay (behind tennis courts across from Byron PS)

Enquiries: Margaret 0427 857 092

(7 – 9 pm)

ACT – Canberra

Wednesday every fortnight: 3 & 17 Apr; 1, 15 & 29 May; 12 & 26 Jun

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: 10 & 24 Apr; 8 & 22 May; 5 & 19 Jun

Knightsbridge Baptist Church Hall, 455 Glynburn Rd, Leabrook

Enquiries: Kath (08) 8384 4314 or 0401 732 129

(7 – 9 pm)

SA – Hallett Cove

Wednesday every fortnight: 3 & 17 Apr; 1, 15 & 29 May; 12 & 26 Jun

Cove Youth Services, Suite 11, 1 Zwerner Dr, Hallett Cove

Enquiries: Kath (08) 8384 4314 or 0401 732 129

(7 – 9 pm)

SA – Woodville Park

Monday every fortnight: 15 & 29 Apr; 13 & 27 May; 24 Jun

Diamond Clubhouse, 19 Kilkenny Rd, Woodville Park

Enquiries: Sheryl 0428 271 743 or Kath 0401 732 129 or (08) 8384 4314

(7 – 9 pm)

Qld – Carseldine

1st/3rd Tuesday of month: 2 & 16 Apr; 7 & 21 May; 4 & 18 Jun

Shop 3, 521 Beams Rd, Carseldine (room in Aust Red Cross). *Enquiries:* Emily 0407 743 033

(7 – 9 pm)

Qld – Nerang

1st/3rd Monday of month: 1 & 15 Apr; 6 & 20 May; 3 & 17 Jun

Girls Guides Hall, 40 Ferry St, Nerang. *Enquiries:* Dom 0419 689 857 or (02) 4782 9222

(7 – 9 pm)

VIC – Bendigo

Wednesday every fortnight: 10 & 24 Apr; 8 & 22 May; 12 & 26 Jun

Neighbourhood House, 21 Neale St, Bendigo. *Enquiries:* Nathan 0407 450 188

(7 – 9 pm)

VIC – Geelong

Wednesday every fortnight: 10 & 24 Apr; 8 & 22 May; 12 & 26 Jun

The Swanston Centre, cnr Myers & Swanston Sts, Geelong. *Enquiries:* Debbie 0412 382 812

(7 – 9 pm)

VIC – Glen Waverley

Thursday every fortnight: 4 & 18 Apr; 2, 16 & 30 May; 13 & 27 Jun

MonashLink, cnr Euneva Ave & O'Sullivans Rd, Glen Waverley. *Enquiries:* Debbie 0412 382 812

(6 – 7.30 pm)

WA – Northbridge

every Wednesday (6 – 8 pm)

Palmerston Perth, 135 Palmerston St, Northbridge. *Enquiries:* (08) 9328 7355 (neg \$5 contribution)