FDS 1300 368 186 FAMILY DRUG SUPPORT

# Insight

## Feb – Mar 2013

### INSIDE THIS ISSUE



**Family Drug Support**
**PO Box 7363, Leura NSW 2780**
**Ph: (02) 4782 9222; Fax: (02) 4782 9555**
**Website: www.fds.org.au**

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# Help Us Raise Money And Join *febfast*

**Tony Trimingham**

For those who did not attend the volunteers' Mulgoa weekend, we've teamed up with *febfast* to raise awareness and funds for alcohol and drug support programs, including FDS. *febfast* is a 28-day break from alcohol – a timely health kick and a vital community fundraiser. For 2013, funds raised through *febfast* will help support FDS's Stepping Stones program and fund Youth Support & Advocacy Service in providing one of Australia's only youth-specific rehabilitation services.

We need your help.

There are two ways you jump on-board:

1. Start your own team. Here's how:
    - Go to www.febfast.org.au
    - Click on 'register' and 'sign up' and enter your name and email
    - Then click on 'start a team' and complete the registration process. Enter the promo code '*fdsfebfast*' to receive $10 off the registration price.

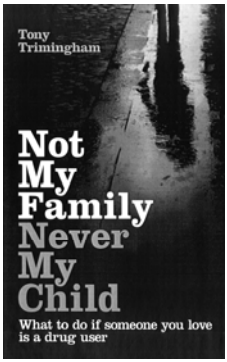
That's it! You'll be sent an email with more details. The next thing is to start spreading the word to recruit more people to your team. All they need to do is go to www.febfast.org.au, click 'donate' and search for your name

2. Don't want to start your own team? Then sponsor me instead. Here's how:

- Go to www.febfast.org.au
- Click on 'donate' and 'sponsor a friend'
- Search for me – Tony Trimingham
- My name will pop up. Click on my name and my screen will appear. Click on the big green button 'Give now' and sponsor my *febfast*! That's it!

Having problems? Ring this help line: 1300 872 355

If you start a team or sponsor me, a huge thanks for taking time out to support *febfast* and FDS.


## Not My Family Never My Child

### A guide for families affected by drugs

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

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Signed copies available upon request.

# INSIGHTS OUT

Greetings everyone! I hope everyone had a calm, safe and enjoyable festive season and above all, a rest. We at FDS had a busy and at times stressful year and we were all grateful for a short break. For some people close to FDS, 2012 was the worst year possible. We sincerely hope that 2013 brings comfort, peace and more positive times for those families affected by alcohol and drug use.

This edition contains further details on *febfast*. Can I encourage all of you to sign up and enlist friends to ensure that the event is a great success?

May I also ask those of you who have not renewed your membership to assist us by doing this promptly? If there is a renewal form in this bulletin, it means your subs are due.

While we have many people at FDS who make important contributions, and it would be wrong to single out individuals, it is important to acknowledge some people and groups who put in time and energy to ensure families get great support.

Sincere thanks go to:

- All volunteers on the telephone support line
- All our support group facilitators up and down the country
- All our Stepping Stones leaders and Theo Chang the project manager
- Our Bridging the Divide project workers
- Our volunteer board for their time and efforts
- Kath and Sheryl for flying the FDS flag in South Australia
- Debbie Warner in Victoria, who does more than we could expect
- Jenny Fleming, data entry and Graham Morritt, webmaster
- The funding organisations without which we would not exist
- Our colleagues in the field especially Brian and Marion McConnell from Family and Friends for Drug Law Reform, Sandra and Sheila from Palmerston in Perth who promote and support the cause of families so well.
- Pam Morris in Port Macquarie for her extraordinary efforts in promoting FDS and acquiring funding.
- The office staff who bring it all together especially Fay and Sandra.

We thank you all for everything that you do.

The cause of drug law reform has taken steps forward in the past year with calls from South and Central America to do it differently. Also, the success of Portugal and particularly the two Australia 21 reports that so eloquently promote a change in the approach. Hopefully the momentum will continue in this election year.

Thank you for continuing your membership and support of FDS.

Regards, TT

# ‘Ice’ Users Likely To Suffer Psychosis On Drug, Study Finds

**Malcolm Knox, *Sydney Morning Herald* (10/1/13)**

Users of methamphetamine, or ‘ice’, are five times likelier to suffer psychotic symptoms while taking the drug, according to a groundbreaking new Australian study published in the *Journal of the American Medical Association Psychiatry* (JAMA Psychiatry).

The study’s lead author, Dr Rebecca McKetin, said that ‘there have always been questions about causality from those who say methamphetamine users aren’t ‘turned mad’ by the drug but have a pre-existing psychotic condition. What’s unique about this study is that it excludes those users and still finds such a strong link between use and psychotic symptoms in a large cohort over a period of years’.

Dr McKetin, formerly of the National Drug and Alcohol Research Centre in Sydney and now at the Australian National University, said she was surprised by the strength of the results but that they will ‘come as no surprise to police officers in Kings Cross who report anecdotally about users who will ‘go mad’ one day and not the next’.

The authors studied 278 methamphetamine users from Sydney and Brisbane over a four-year period between 2006 and 2010. A correlation between methamphetamine use and psychosis had already been found by many studies, but it was uncertain how many of those ice-users had an existing psychotic condition, characterised by hallucinations and delusions of being persecuted. What made the present study original and significant was that it followed the users over an extended period, and it excluded anyone with existing psychotic tendencies.

In the four years the drug-users were observed, the results were compelling. The incidence of psychosis went up sharply with the amount of methamphetamine being used. When participants were abstinent, the likelihood of psychotic episodes dropped to 7 per cent; those who were using the drug one to 15 times a month had a 27 per cent likelihood of suffering an episode, and those using more than 16 times a month had a 48 per cent likelihood. Among all users, the odds of suffering a psychotic episode were 5.3 times greater when they were using than when they were abstinent.

These were all people who had not been sufferers before. Of those episodes, 71 per cent involved suspiciousness and paranoia, 51 per cent were hallucinations, and 35 per cent included periods of delusional thinking. There was a strong connection between psychoses and polydrug use (most of the subjects also smoked cannabis and tobacco and drank alcohol frequently), but once these factors were adjusted for, there

remained a link between psychosis and methamphetamine use.

Given the strength of the connection between heavy use and psychosis, the authors wrote, 'there is a good argument for providing methamphetamine treatment as a first-line intervention to reduce rates of psychosis among this population'. At present, users suffering a psychotic episode are most likely to come into contact with hospital emergency departments and police. As well as hospitalisation, methamphetamine use has been involved in numerous crimes of violence since the drug was first widely used in Australia 15 years ago.

After a period in which legislation limiting precursor drugs such as pseudoephedrine cut the supply of ice, Dr McKetin said 'there are telltale signs that methamphetamine is making a comeback in Australia'. She said the key to treatment was to put users on a long-term treatment plan akin to that which is given to sufferers from paranoid schizophrenia, 'instead of treating them for the episode and then turning them back onto the street'.

# The Age Of Excess

**Shane Green, *The Age* (12/12/12)**

In her 46th year, Isabella's life began to disintegrate piece by precious piece. First, her father died. Then her mother was diagnosed with Alzheimer's. And then, without warning, her husband died of an aneurism. 'I just took to alcohol,' she says. 'I didn't even really like it, I don't think. It was just to numb the pain and get out of the reality.'

And so it was for the next two decades of Isabella's life. Until that catastrophic string of events, she had been a self-described social drinker. Then began a dark, double life of finding refuge in the booze, punctuated by episodes of getting on top of things.

'It's 20 years of like a revolving door,' says the grandmother of four, whose experience illustrates an emerging crisis among older Australians, who are turning to substance abuse in growing numbers.

'I'm in AA [Alcoholics Anonymous], I'm not drinking, something goes wrong and I start drinking again,' says Isabella, who lives on the Mornington Peninsula. 'But I know from going to AA that you can't be cured as such. But you can definitely live your life free of alcohol.'

For the past two months, this has been the experience of Isabella (whose name has been changed to protect her identity). But it was a close thing. She owes her life – literally – to an innovative service run out of Peninsula Health called Older Wiser Lifestyle (OWL), which is working with older people with substance abuse problems.

A psychologist from OWL was due to visit Isabella's home. 'The night before, I'd taken all sorts of pills and things, because I thought that it was easier if I wasn't here,' she says.

The psychologist took her to Frankston Hospital, where she was admitted to the psych ward. It proved a jolting experience. 'To me, it was the most frightening thing I've ever been through,' says Isabella.

Since then, things have looked up. Her daughter has become involved with sessions from counsellors, which has helped with understanding that Isabella's abuse problems are a disease, not a failure of will power. 'The OWL program has also been a huge support,' she says.

The program runs on a shoestring budget that allows for 2.5 staff. It's largely driven by Simon Ruth, who in 2007 travelled on a Victorian government fellowship to the United States and Canada, countries that are streets ahead in the recognition and treatment of substance abuse by older people.

'Since I've come back and I'm talking about it more, you'd be amazed at how many people who have an elderly relative, either a parent or an uncle or aunt, where they know they have a drug issue but they don't know how to talk to them about it,' says Ruth, who is the director of complex service at Peninsula Health.

'We're not used to talking to our parents about their health issues and raising concerns with them. Parents are very used to talking to their kids and quite happy to push their kids into health care and argue with them about that.

'But we don't really know how to talk to our parents.'

In the US, says Ruth, they talk a lot about 'Granny's last vice: Grandad's dead, all the kids have left home, she's on her own, doesn't really have much in her life … so just let her have a couple of drinks, as long as it makes her happy.

'But the problem is that it's no longer making people happy and they're probably drinking too much, and it's causing other issues for them.'

Ruth's program is the only one of its kind in Australia. Yet it is clear that the service it provides is barely scraping the surface of a problem that will only grow as Australia's population ages. The so-called Silver Tsunami is bringing in health problems that include substance abuse, mainly the abuse of alcohol, followed by prescription drugs. And as the Baby Boomers age, there is a belief that illicit drug abuse will become a greater problem.

Historically, the focus of Australia's drug policy has been on younger people: the dangers of binge drinking, of party drugs. But there is a largely unseen problem of abuse among older people.

Sam Biondo, executive officer of the Victorian Alcohol and Drug Association, says the ageing population is a hidden population. 'They tend to be at home and out of view. They're not as obvious.'

A paper by the association sets out the extent of the imminent crisis. The starting point is forecasts from the Australian Bureau of Statistics that the proportion of Australians aged over 65 will rise from about 13.5 per cent to about 25 per cent in the middle of the century.

'In the large part, substance misuse issues for the older population are pervasive yet silent, as many of the symptoms and harms are being subsumed and attributed to the normal ageing process,' the paper says. It identifies an 'urgent need' to bolster alcohol and other drug services to deal with the problem.

The November conference of the Australasian Professional Society on Alcohol and Other Drugs heard University of Melbourne's Dr Kim-Michelle Gilson report on her survey of 421 over-60s, which found one in five were drinking at hazardous levels, while 7 per cent of men were binge drinking weekly. Gilson argues the national guidelines of two drinks on any day should be halved for over-65s, following the US example.

At the conference, the University of NSW's School of Public Health also revealed preliminary data from a study into 65-year-olds presenting to aged care services. The data revealed one-fifth had alcohol or substance use problems.

Not only is it a case of dealing with the known – alcohol and prescription drugs including benzodiaszepines – there is the murky issue of illicit drugs.

In the case of people who inject or who are on methadone programs, we are seeing an increase in their median age in line with the broader ageing of the population.

This issue was identified in the December bulletin of the Illicit Drug Reporting System, from the University of NSW.

It cited a recent US study that estimated that substance abuse disorders among adults 50 or older would double as the Boomers age. This was likely to be mirrored in countries around the world. And Boomers have a much higher rate of illicit drug use compared to previous generations.

'Aged care and geriatric medicine may be about to confront treatment challenges not see on this scale before,' the bulletin warns.

Lucy Burns, the bulletin's co-author, says that while we are attuned to the increase in the health needs of Boomers, there had not been enough thought given to what it means for sub-groups such as people who inject drugs.

For example, people who inject drugs age earlier. 'The chronic diseases you might anticipate in the general population that might occur in the 50s will actually start to occur in the 40s in people who inject drugs,' he says. 'So I don't think we do have that in our scope just at the moment.'

She agrees that the issue of substance abuse by older people has been hidden. 'I think over the past decade, we've seen a big focus and emphasis on the need to prevent drug use in young people. And that's fantastic,' she says.

'But at the same time we've neglected this particular area, so it's creeping up on us. Because sometimes, to be honest, we devalue older people in society. Their health needs aren't a major priority. So all of a sudden, our services may well be swamped with these people who we've unfortunately neglected.'

An insight into the world of the ageing injecting drug user came in a 2010 discussion paper by the Australian Injecting and Illicit Drug Users League. Stressing that it was difficult to accurately estimate numbers, the paper said there may be as many 30,000 regular opioid users in Australian aged 40 and over, and up to 80,000 infrequent or non-dependent users.

Users interviewed for the survey reported a greater degree of discrimination than younger people who injected drugs. 'It would seem that older injecting drug users are considered beyond help and redemption due to their advanced age,' the paper said. 'As a result, they are judged more harshly than their younger counterparts who, according to popular thinking, may yet 'see the light' and move away from illicit drug use.'

One of the key issues emerging is the need for age-appropriate treatment, so that a 65-year-old doesn't find him- or herself next to an 18-year-old. In the US, the Hanley Centre in Florida was among the first to offer age-specific treatments. It has a Centre for Boomer Recovery and a Centre for Older Adult Recovery, as well as gender specific treatment.

Simon Ruth visited Hanley, which uses the 12-step AA approach, on his fellowship. He says the centre is 'phenomenal', offering a combination of residential and day treatment.

The different centres for Boomers and older adults point to the fact that different approaches are needed. Boomers, says Ruth, are used to asking for help.

'But the pre-Baby Boomers aren't a group that tend to ask for help,' he says. 'Having drug and alcohol issues later in life is something that a lot of people are very embarrassed about.

'We also don't educate them well enough. We all know what a young person's alcohol issue looks like. We actually don't know what an older adults alcohol issue looks like. We don't run those public campaigns that raise awareness.

‘For a retiree who has a drink with lunch and a drink in the afternoon and a couple of drinks with dinner and a night cap, their alcohol is probably double what they were drinking 15 years ago. That’s actually going to have a huge impact on their life.

‘Throw in three or four medications that they may be on, and suddenly you’ve got quite a mix there.’

That reluctance to ask for help can be pervasive. Isabella recalls being brought up with a stoic approach.

‘If you do have a problem, you think, oh well, ‘I better get on with it. Nobody else is interested’.’ But as she knows now, ‘there are professional people so willing and able to help.’

Identifying the problem in the first place can be its own challenge. Jess Frederiksen had hit 60 before he realised that his depression was linked to his drinking. ‘I’ve been living with depression most of my life, and I have been hiding in alcohol,’ he says.

Jess grew up in Denmark, where, he says, there is a drinking culture with ‘a drink for any event’. His father worked in a liquor shop, and they were close to the owners. Alcohol was always available. At 12, he began drinking at home, with the occasional beer with the family in the evening. ‘Then it just escalated to a point where I just got myself blind again and again, never really realising why.’

He came to Australia in 1983, and lived what on the surface what was a normal life. He married in 1985 and became a father of two children. (The marriage ended 15 years later.) He also had no problem holding down jobs and was at one point self-employed. ‘I was able to function, and never realised that I had a problem,’ he says.

Then came the program at Peninsula Health. He has his drinking under control, ‘not to the extent the doctors would like to see, but certainly to the extent that I’m happy with’.

He has rekindled a love of music, and has formed a band covering classic rock called Vengeance. He’s also co-facilitating a SMART Recovery group, where people with addictions try to help each other.

One of the main things he has learned is that there is always a reason why people drink or use drugs to excess. ‘If you don’t deal with those problems, you are just likely to go on hiding in a bottle until the day you die. There’s really a great need for the kind of help that I’ve had.’

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***Directline 1800 888 236 is a 24-hour free alcohol and drug telephone counselling and referral service. Other services include Suicide Helpline Victoria on 1300 651 251 or Lifeline on 131 114, or visit beyondblue.org.au***

# Curing Addiction: Twelve Steps Or Fixing The Brain?

Alcoholics Anonymous (AA) provides a non-medical intervention for problem drinking. It's based on a Twelve Steps program of spiritual and character development, and tends to polarise the medical field, largely because of its emphasis on spirituality.

AA is arguably one of the only treatments effective for alcoholics wishing to become sober. And few, if any, support groups or organisations can claim the widespread acceptance and awareness of Alcoholics Anonymous. But AA's approach to curing addiction is not medical at all.

Why is it that an organisation founded on the idea of a spiritual awakening has been able to cement itself firmly in the history of addiction research and treatment? Has this been a help or a hindrance to understanding the condition?

In the nineteenth century, physicians considered all forms of addiction to be a sign of akrasia, or weakness of will. This developed into a view that addiction is a consequence of an individual's psychological development interacting with their social environment.

Alcoholics Anonymous was founded by Bill Wilson and Dr Bob Smith in 1935. It was largely after 1956, when the American Medical Association recognised alcoholics as legitimate patients requiring medical care, that the idea that alcoholism was a disease took hold. But physicians were not able to come up with a medical cure that worked.

The now familiar concept that the cause of addiction is to be found in the brain appeared after this. Advancements in technology allowed researchers to pinpoint some of the pathways of addiction.

Arthur Caranta

In 1979 Avram Goldstein argued that heroin and all narcotics work on our brain's reward system. These drugs hijack the regular pathways of dopamine, wreaking havoc on the brain's ability to regulate it and endorphins. This havoc, he argued, leads to addiction.

This 'brain-based' model of addiction directed research until the 1980s and 1990s, when Dr Stanton Peele and Dr Bruce Alexander independently began to question the isolation of addiction research from cultural contexts.

Both Peele and Alexander wrote that addiction is more than just the effect of a drug on the brain. The context in which an individual engages in drug taking is equally important as the drug itself. Alexander went as far as to argue

that the idea of drug-induced addiction was a myth.

In contrast, in 2004 the World Health Organization released the report Neuroscience of Psychoactive Substance Use and Dependence, summarising the advancements of the neurosciences in the early parts of the twenty-first century. The report concluded that substance dependence is a disorder of the brain like other brain disorders. It also suggested that addiction was largely determined by biological and genetic factors.

Throughout this, Alcoholics Anonymous and its fellowship organisation Narcotics Anonymous steadily gained momentum as the frontline treatment for alcohol and narcotic addiction. Alcoholics Anonymous is not well-known for promoting the disease model of addiction, though it usually steers clear of any discussion of its medical aspects. It wasn't until 1973 that the organisation's conference literature contained reference to alcoholism as a disease.

Research into the effectiveness of Alcoholics Anonymous is made difficult by the self selection of members, which leads to sampling bias. In all, these studies produced inconsistent results.

The organisation provides a free service with non hierarchical system of governance and a good track record of individual testimonies. It has made its way into many treatment plans and strategies for recovering addicts. But it is not without critique. As early as 1964, Arthur H Cain, a member of AA himself referred to the organisation as a 'cult' and a 'hindrance' to research and psychiatry, suggesting the model didn't allow addicts to obtain other kinds of help should they need it.

The narrative of addiction that Alcoholics Anonymous and the Twelve-Step program provides addicts and clinicians is a pervasive one. It was a powerful contribution to the way that substance users created and developed their identities as 'addicts'.

The personal stories that have emerged out of addiction literature reveal that the Alcoholics Anonymous model has been thoroughly ingrained into the wider story of addiction. This may affect individuals' experience of the condition.

It's possible that this has been to the detriment of clear research. By defining themselves as 'addicts' and assimilating the model of addiction that Alcoholics Anonymous provided, substance users may have unwittingly affected the course of their condition. Yet as suggestive as neurological research may have been, it did not provide the miracle cure some hoped for. For better or worse, this means that we are stuck, for the time being, with the Twelve Steps program.

# Doctors Steering Clear Of Addicts

**Josh Gordon & Aisha Dow, *The Age* (28/11/12)**

Efforts to tackle the abuse of prescription painkillers such as fentanyl are being hampered by a severe shortage of doctors prepared to deal with drug addicts and a lack of treatment programs.

Drug policy agencies say the shortage has become so severe they are urging the federal government to list 'drug addiction' as a specific item for the Medicare rebate, warning that the complexity of the problem and time needed meant doctors were increasingly steering clear of the area.

The chief executive of drug policy group Anex, John Ryan, said doctors lacked a clear monetary reward for treating drug addiction, leaving only a small number from an ageing demographic who were prepared to offer help despite booming demand. 'They need to be properly rewarded for what are sometimes really complex patients, so they do have the financial return for the time it takes,' Mr Ryan said.

The comments follow revelations in *The Age* last month that fentanyl prescriptions have soared by more than 50 times in a decade, with a flourishing black market for the powerful painkiller being fuelled by cross-border 'doctor shopping'. *The Age* also revealed a massive amount of fentanyl, a painkiller up to 100 time more powerful than morphine, had been stolen from Ambulance Victoria supplies, prompting the state government to announce an audit.

Efforts to deal with the problem at a national level have become bogged in the Council of Australian Governments process, with the bickering of federal and state governments hampering release of a national pharmaceutical misuse strategy.

While demand for treatment drugs methadone and buprenorphine is growing rapidly, the latest data shows the number of doctors registered to prescribe the drug treatment medication is falling.

In Victoria the number of people being treated with methadone or buprenorphine is at its highest, although last year there were just 490 prescribers, fewer than in any year since 2006. The Coroners Court of Victoria last month confirmed 15 deaths since last December from fentanyl overdose.

The sole public methadone program in Wodonga, which has 60 places, is stretched beyond capacity, with 61 people. Albury's program is also full, with 83 people in the pharmacotherapy clinic and six on the waiting list.

Drug workers say some patients are 'medicating themselves' with illicit drugs including heroin as they wait for a place.

Addiction medicine specialist Professor Kate Conigrave said such people were at risk of overdose but the potential for deaths was not taken seriously enough. 'For other conditions that threaten the

lives of people in their 20s and early 30s we would be falling over ourselves to make sure that they had best available care, but because of the stigma associated with drug dependence people don't make the same effort,' Professor Conigrave said.

The single doctor who works as the prescriber at both Albury and Wodonga's public clinics, Dr David Tillett, said the two programs had been at capacity for many years.

But, more recently, they had begun to encounter a new problem – chemists' reluctance to increase the number of methadone clients they serve. 'Several of them are saying they've got enough people and don't need any more'.

Dr Tillett said there was also a shortfall of support staff because methadone and buprenorphine programs were not properly resourced by government. It is a frustration for a GP who says he has done more good, and saved more lives working with methadone patients than in any other role in his career.

'There are some absolutely miracle changes. We see people come and within a couple of weeks it's like the lights go on,' Dr Tillett said.

# Beverages Council Responds To Study Into Alcohol And Energy Drinks

**www.foodprocessing.com.au (21/12/12)**

The Australian Beverages Council has responded to the government's announcement that it has commissioned a study into the effects of mixing alcohol and energy drinks.

'As the industry representative for energy drink manufacturers and distributors in Australia, we work closely with Australian regulators and authorities and support evidence-based research,' said Geoff Parker, CEO of the Australian Beverages Council.

Parker cited a University of Utrecht study conducted in November 2012 that studied data from more than 6000 university students. The study found that mixing alcohol with energy drinks did not increase overall alcohol consumption or alcohol-related negative consequences when compared to consuming alcohol alone, Parker said.

'As far as consumption on licensed premises is concerned, energy drinks comprise less than 1% of all beverages sold across Australian bars, and only some of these will be mixed with alcohol,' Parker said.

'Energy drinks are non-alcoholic carbonated beverages that contain the same amount of caffeine as one standard cup of instant coffee.'

# Alcohol Is Half The Problem For Substances Abusers

**The Conversation (16/11/12)**

A report from the Australian Institute of Health and Welfare (AIHW) shows 47% of drug treatments carried out between 2010-11 were for problems that primarily related to alcohol. Alcohol was listed as a 'drug of concern' behind another substance in 62% of all treatments.

The second most common drug of concern was cannabis, which accounted for 22% of treatments Australia-wide.

In Tasmania, however, cannabis and alcohol were equally common, at 39% each.

'The number of treatment episodes for alcohol use has remained relatively stable since 2009-10 when it was 48%, however it is still more than in 2001–02, when it was 37%,' AIHW spokesperson Justin Harvey said.

More remote areas were more likely to have alcohol as a primary substance of concern. Treatment centres in very remote areas had the highest proportion of alcohol episodes, 65%, while cities had the lowest at 46%.

Counselling was the most frequent form of treatment sought for drug issues.

Dr Matthew Frei, Head of Clinical Services at Turning Point Alcohol and Drug Centre said the findings about alcohol reflected what he saw in clinical practice, but they may come as a surprise to some.

'When considering drug problems, alcohol probably gets less exposure than illicit drugs, which are often considered the major drain on society's resources,' he said.

Frei said better regulation of alcohol was necessary, but was being hampered by the industry.

'If you've got a health problem that's preventable, incredibly costly and damaging, then at the very least we should be very explicit about the risks and harms.'

'At the moment those kind of initiatives are usually met with resistance, often framed around the people suggesting them being wowsers, fun police, depriving people of choice or being part of a nanny state.'

'I think a lot of that is actually driven by the extraordinarily powerful vested interests that are part of the alcohol industry.'

But the increase in the proportion of people being treated for alcohol abuse was encouraging, Frei said.

'People are acknowledging that just because alcohol is sold at a corner store doesn't mean it can't be a problem.'

'I think it's increased health literacy and better understanding of the harmful effects.'

Dr Raimondo Bruno from the University of Tasmania's Department of Psychology said the data for his state was unusual, but could be accounted for by more people being referred to treatment in Tasmania than in other states.

'In previous reports of this data in Tasmania, the main driver into treatment services is through the police diversion initiative.'

'In 2009-10, 60% of referrals to treatment came from police diversions, whereas this rate is closer to 6% nationally.'

'A large proportion of these police diversions relate to cannabis, and if you look at the 2008-9 National Minimum Dataset for Tasmania, almost half of the referrals for treatment relating to cannabis came from police diversions.'

He said Tasmania's cannabis use was broadly similar to the rest of the country.

# Families Minister Cracks Down On Parents

**ABC News (15/11/12)**

The New South Wales Family and Community Services Minister wants to get tough on parents who abuse alcohol or drugs. The minister Pru Goward is pushing for legislative changes that she hopes will make parents more responsible.

A discussion paper released today outlines the plan that would see pregnant mothers with a history of drug or alcohol abuse forced into rehabilitation programs.

Ms Goward says women that refuse to undergo treatment could have their babies removed at birth.

'If this discussion paper is successful it means for the first time the court will have the power to mandate behaviour change in parents, not just remove children,' she said. 'If a mother has a history of drug or alcohol abuse, it means we are able to require that mother to attend drug and alcohol programs in pregnancy and be abstinent.'

Ms Goward hopes the plan can help reduce the number of children taken into care. 'We have the highest rate in Australia,' she said.

'We remove far too many children and one of the reasons for that is that we cannot require parents to change.'

She says funding will be provided to support rehabilitation programs.

Australia's peak child welfare association has criticised the plan, saying it will simply drive more children into state care.

Andrew McCallum from the Association of Child Welfare Agencies says the plan punishes people for being poor.

'Low socio-economic situations, poverty, homelessness, housing and drug addiction all actually are bound up in a whole lot of societal issues,' he said. 'We need to structurally address (the problems) and not just look at the symptoms – (if) the symptom is alcohol affected babies, then we need react to that, we need to actually look at what's causing this to happen.'

Mr McCallum has likened the plan to what he describes as the former Howard Government's failed intervention in the Northern Territory.

'That hasn't got the results that we wanted to see in the Northern Territory in terms of reduction in the alcohol consumption and the effect of family violence and child abuse and neglect that happens up there,' he said.

'I just think that around the western world we are struggling with the notion of the number of kids coming into out-of-home care and we don't want to the net to widen.'

But the state opposition has welcomed the Government's discussion paper, but says it must be backed by sufficient funds.

Labor MP Linda Burney says more than $54 million has been cut from family preservation and early intervention services and she has demanded to know what money the government plans to use to implement the plan.

'What I am very fearful of is that quick fixes and budget saving measures is what the outcome is going to be,' she said. 'That will be a disaster, the overall target for cuts in family and community services is $500 million over the next four years that will put children at risk.'

**2013 subscriptions are due**

**Please pay promptly**

# Heavy Drinkers Likely To Elude Targeted Alcohol Policies

**National Drug & Alcohol Research Centre (20/11/12)**

Policies that aim to reduce binge drinking by targeting particular kinds of alcohol or drinking locations are likely to be less effective than policies with more widespread targets, new research from the National Drug and Alcohol Research Centre (NDARC) at the University of New South Wales suggests.

Research associate Dr Matthew Sunderland from NDARC's Drug Policy and Modelling Program surveyed 1883 18-30 year olds – all of whom had used alcohol and/or illicit drugs in the previous 12 months – about their drinking behaviour during their most recent Saturday night. He found this sample of drinkers could be classed into seven groups based on their drinking behaviour, from those who did not drink at all through to those engaging in heavy single occasion drinking. The research will be presented today at the 2012 Scientific Conference of the Australasian Professional Society on Alcohol and other Drugs.

On average the heaviest drinkers consumed 21 standard drinks between 6pm – 6am, drank cheap alcohol, many kinds of alcohol, and at multiple locations. Dr Sunderland said these findings suggest heavy drinkers are able to circumvent policies that target a particular kind of alcohol (e.g. the 'alcopop tax') or drinking location (e.g. bars).

'These drinkers consumed a bit of everything on the Saturday night – beer, wine, spirits, and ready-to-drink alcohol. If the price of one type of alcohol goes up, it appears they could shift to drinking another type. To stop risky drinking, a policy that adjusts prices across all types of alcohol may be more effective that a policy that targets just beer, for example. It would minimise the capacity to substitute cheap drinks for pricey ones,' Dr Sunderland said.

The study found of those that consumed alcohol on the Saturday night, approximately 42% preferred to drink in a private location or restaurant. This suggests bar or club specific policies will have no impact on almost half of those who consume alcohol above risky single occasion drinking levels (that is, more than four standard drinks).

As well, many of those identified as heavy or 'binge' drinkers in the study screened positive for a history of problematic alcohol consumption or for harmful drinking behaviour, possible indicators of alcohol dependence. Policies that target types of alcohol or locations are unlikely to address underlying conditions such as alcohol dependence, and need to be coupled with strategies that reduce the risk of developing dependence.

# Australia's Long And Illogical War On Drugs

**Greg Barns, *Drum Opinion – ABC News* (26/11/12)**

As with all policy settings designed to stamp out drug use in Australia, the amendment to the Crimes Legislation Bill will fail, says Greg Barns.

The dangerous folly of Canberra's 40-year failed war on drugs took a sinister turn last week with the passing by the Senate of the Crimes Legislation (Serious Drugs, Identity Crime and Other Measures) Bill.

This new law allows the Commonwealth Government to declare drugs illegal literally at the click of a minister or bureaucrat's fingers. It uses powers that were common in WWII but which in a democratic society ought to be anathema to anyone who cares about the rule of law.

Naturally, just as with all other measures in the prohibition policy armoury, this latest erosion of liberties will not curtail in any way the demand for drugs and the ability of the market to supply them to millions of Australians.

Under this new law the Attorney-General or Minister for Justice will not have to introduce legislation to amend the Criminal Code Act 1995 which currently contains schedules of drugs and substances outlawed in Australia. These schedules are repealed by this new law and instead a minister simply has to issue what is to be called an 'emergency determination' which can last for 18 months.

In other words, at the stroke of a pen a minister can ban a substance for 18 months. Currently ministers can only ban a substance for 56 days.

The criteria for issuing such declarations are largely based on the so called detrimental effect the substance has on the individual and the risk to the community, reflecting what is currently found in the Criminal Code and what is in place in other jurisdictions for the listing of illicit substances. Does this include Coke, Pepsi and energy drinks? What about coffee, which is a psycho active drug? And then there is ridiculous criterion – 'the substance or plant is likely to be taken without appropriate medical supervision'. Most Australians at some point in their lives use drugs without appropriate medical supervision, even if it's taking an extra painkiller for a headache.

These emergency determinations not only cover drugs, but also the precursor chemicals used to make drugs and the burgeoning analogue market (the new breed of drugs). The latter is providing much enjoyment for party goers around the nation each weekend as many Australians buy them over the internet from New Zealand and other countries.

Because of the consequences for individuals in being charged with a criminal offence like possessing or

using drugs, the criminal law needs to be very clear about what is, and what is not banned. But how will any person know if banning substances is being done via obscure determinations about which there will be little or no community debate because there is no parliamentary or public scrutiny of these determinations? Thomas Bingham, one of the UK's most eminent judges of recent years said that the rule of law demands that the law must be accessible and so far as possible intelligible, clear and predictable. Ministerial emergency determinations are the antithesis of Bingham's view.

The reason for these new sledge hammer powers is because the Gillard Government, like all previous governments over the past few decades, can never beat the ingenuity of drugs manufacturers. The *Explanatory Memorandum* to this new law says as much when it states that the capacity to issue Emergency Determinations 'will provide the Minister with the capacity to respond rapidly to emerging unknown substances.'

Actually it won't and what this statement demonstrates is the cloud cuckoo land that drugs policy makers and their political masters live in in this country.

Providing government with the power to issue 'Emergency Determinations' and similar broad and relatively unaccountable exercises of power is not something that we see in a democracy, except in wartime. During WWII there were a number of challenges in the High Court to similar powers which ministers sought in order to strengthen the war effort. But there is no such peril today; despite what the anti- drugs zealots might have us believe.

What this new law does is provide the Executive with enormous power to impact on the rights of the individual, including importers and users of what are currently legal substances, with little or no scrutiny by the Parliament.

As with all policy settings designed to stamp out drug use in Australia this one will fail and in fact endanger the community. The drug manufacturers and their allies will always beat governments through the creation of new formulae to get around prohibition. The risk is then increased for users who import such drugs.

Many millions of dollars will be spent on enforcing these new laws and they will achieve little, if the past is any guide. Our civil liberties have taken another hit – why not use the legal mechanism of emergency declarations in other areas of activity? – and there will be no reduction in demand for drugs.

What was so disappointing about this new grab for power by the Executive is that there was little or no opposition in the media or the Parliament to this new law. Do we care so little for the rule of law?

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*Greg Barns is a barrister who practices in the areas of criminal law and human rights.*

# ‘Legal Highs’ Not Necessarily Legal

**Australian Government, Customs and Border Protection Service**

The Australian Customs and Border Protection Service has seen a significant increase in the importation of substances reported as ‘legal highs’ over the past 12 months. It is important that if you intend to purchase a ‘legal high’ over the internet you are aware of the laws around their importation. If you import a substance which is found to contain a border controlled drug without an appropriate licence or permit it will be seized and you may be subject to a significant fine and/or imprisonment.

‘Legal highs’ is a term commonly used for substances which are designed to mimic or produce similar effects to common illicit drugs such as cocaine and ecstasy, but which have a different chemical structure. The increasing availability and popularity of these substances is a concern for Australia’s law enforcement and health agencies.

There is very little research on the short, medium and long term effects of these substances. The active ingredients are not always labelled correctly and can vary significantly from batch to batch.

‘Legal highs’ are marketed as legal in an attempt to evade detection by law enforcement and circumvent controls. The sale of these substances through international websites and online suppliers has made the internet a major source of these drugs. There are a number of different classes of alternative drugs which are commonly marketed as ‘Legal Highs’.

## Herbal Highs And Party Pills

‘Herbal Highs’ and ‘Party Pills’ are drugs which consist of an unknown mixture of herbal or synthetic stimulants. These drugs are not produced by a regulated industry; the compounds are not produced in hygienic, regulated and monitored circumstances; and the quality of the content is uncertain.

## Spice (Synthetic Cannabinoids)

The term ‘spice’ is sometimes used to refer to a mixture of herbs sold as a herbal smoking blend through internet sites. Many of these mixtures contain synthetic cannabinoids and the substance is usually smoked in the belief that it will deliver ‘cannabis-like effects’. For these smoking mixtures the active ingredients and their potency can differ greatly from batch to batch.

## Research Chemicals And Drug Analogues

Many international chemical suppliers are now producing illicit drug analogues and derivatives in an attempt to avoid legislative controls. These substances are often labelled deceptively as research chemicals, plant food, bath salts, herbal incense or spice and may include warnings such

as ‘Not for Human Consumption’ or ‘Only for Research Purposes’. The risk of experimentation with these substances has been highlighted in Europe where there has been at least two identified fatalities as a direct result of the consumption of the methcathinone analogue; mephedrone, commonly known as ‘meow meow’ or ‘4MMC’.

**The Australian Customs and Border Protection Service, Therapeutic Goods Administration and other law enforcement agencies work collaboratively on the detection and seizure of these types of prohibited imports.**

## Do You Know What You Are Importing?

In addition to putting your health at risk, by importing ‘legal highs’ you may be breaking the law, as ‘legal highs’ often contain ingredients which are illegal to possess or import into Australia even though they may be reported as legal overseas.

A person found to be unlawfully importing or exporting a prohibited substance may be committing a range of offences, both criminal and civil. A person may incur a fine of up to $110,000 and/or five (5) years imprisonment under the Customs Act 1901. If it is a border controlled drug or precursor, penalties under the Criminal Code Act 1995 range up to a fine of $825,000 and/or life imprisonment.

For more information regarding goods that may be prohibited please contact:

**Customs Information and Support Centre**

Phone: 1300 363 263 + 61 2 6275 6666 (outside Australia)

Email: information@customs.gov.au

Website: http://www.customs.gov.au/site/page4369.asp

Or:

**Therapeutic Goods Administration**

Website: http://www.tga.gov.au/impexp/personal.htm

In October 2010, a 30-year-old man was prosecuted in the Northern Territory for importing approximately four kilograms of mephedrone which had been purchased over the internet. The man was sentenced to eight years in jail with a non-parole period of five years and six months. While it may be legally available in many source countries, mephedrone is a prohibited substance in Australia.

# Events Diary

## STEPPING STONES COURSES

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|---|---|
| **Wednesdays: 30 Jan; 6, 13, 20 & 27 Feb; 6, 13, 20 & 27 Mar**<br>**6 – 9 pm** | **NORTHBRIDGE, WA**<br>(Course runs over nine consecutive weeks on Wednesdays)<br>**Venue:** Palmerston Perth, 134 Palmerston St, Northbridge<br>**Enquiries:** Sandra Harris 9328 7355 |
| **Sat 2 & Sun 3 Feb**<br>**Sat 9 & Sun 10 Feb**<br>**9.30 am – 4 pm** | **BYRON BAY**<br>(Course runs over two consecutive weekends)<br>**Venue:** Guide Hall, Caryle St, Byron Bay (behind tennis courts)<br>**Enquiries:** Theo 0402 604 354 or Margaret 0407 857 092 |
| **Sat 9 & Sun 10 Feb**<br>**Sat 16 & Sun 17 Feb**<br>**9.30 am – 4 pm** | **CARSELDINE, QLD**<br>(Course runs over two consecutive weekends)<br>**Venue:** Shop 3, Red Cross Room, 521 Beams Rd, Carseldine<br>**Enquiries:** Dom 0419 689 857 |
| **Sat 16 & Sun 17 Feb**<br>**Sat 2 & Sun 3 Mar**<br>**9.30 am – 4 pm** | **BENDIGO**<br>(Course runs over two weekends with break in-between)<br>**Venue:** Neighbourhood House, 21 Neale St, Bendigo<br>**Enquiries:** Theo 0402 604 354 or (02) 4782 9222 |
| **Sat 16 & Sun 17 Mar**<br>**Sat 23 & Sun 24 Mar**<br>**9.30 am – 4 pm** | **CANBERRA**<br>(Course runs over two consecutive weekends)<br>**Venue:** Canberra Hospital, Level 1, Training Room 2, Building 5, Garran (Staff Development and Family Carers Residence)<br>**Enquiries:** Theo 0402 604 354 or (02) 4782 9222 |
| **Sat 23 & Sun 24 Feb**<br>**Sat 2 & Sun 3 Mar**<br>**9.30 am – 4 pm** | **SYDNEY**<br>(Course runs over two consecutive weekends)<br>**Venue:** Club Burwood RSL, Ambassadors Room, 96 Shaftesbury Rd, Burwood<br>**Enquiries:** Liz 0417 429 036 or (02) 4782 9222 |
| **Sat 16 & Sun 17 Mar**<br>**Sat 23 & Sun 24 Mar**<br>**9.30 am – 4 pm** | **GEELONG**<br>(Course runs over two consecutive weekends)<br>**Venue:** The Swanston Centre, cnr Myers & Swanston Sts, Geelong<br>**Enquiries:** Debbie 0412 382 812 |
| **Sat 6 & Sun 7 Apr**<br>**Sat 13 & Sun 14 Apr**<br>**9.30 am – 4 pm** | **ADELAIDE**<br>(Course runs over two consecutive weekends)<br>**Venue:** TBA<br>**Enquiries:** Sheryl 0428 271 743 |

## VOLUNTEER TRAINING

**Sat 16 & Sun 17 Feb**

**9.30 am – 4 pm**

**SYDNEY**

**Venue:** Woodstock Community Centre, 22 Church St, Burwood (parking in Fitzroy St)
**Enquiries:** (02) 4782 9222 or Sandra 0416 212 426

## STEPPING FORWARD PROGRAM

**See session dates**

**6.30 – 8.30 pm**

**MELBOURNE/DANDENONG**

**Venue:** 88 Foster St, Dandenong
**Enquiries:** Debbie 0412 382 812
**Session 1:** Tues 19 Feb – Stages of change and life balance
**Session 2:** Tues 26 Feb – Communication
**Session 3:** Tues 5 Mar – Treatment and recovery
**Session 4:** Tues 12 Mar – Drug and alcohol information

## STEPPING FORWARD – SYDNEY

**See session dates**

**6 – 8 pm**

**MONA VALE**

**Venue:** Sacred Heart Catholic Church, Meeting Room, 1 Keenan St, Mona Vale
**Enquiries:** Carol 0400 113 422
**Session 1:** Wed 13 Mar – Stages of change and life balance
**Session 2:** Wed 20 Mar – Communication
**Session 3:** Wed 27 Mar – Drug information, treatment and recovery

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**See session dates**

**10.30 am – 12.30 pm**

**ST LEONARDS**

**Venue:** Drug & Alcohol Services, Royal North Shore Hospital, The Boardroom, 2C Herbert St, St Leonards
**Enquiries:** Carol 0400 113 422
**Session 1:** Mon 11 Feb – Stages of change and life balance
**Session 2:** Mon 18 Feb – Communication
**Session 3:** Mon 25 Mar – Drug information, treatment and recovery

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**See session dates**

**10.30 am – 12.30 pm**

**WENTWORTHVILLE**

**Venue:** Northside West Private Clinic, 23-27 Lytton St, Wentworthville
**Enquiries:** Carol 0400 113 422
**Session 1:** Fri 22 Feb – Stages of change and life balance
**Session 2:** Fri 1 Mar – Communication
**Session 3:** Fri 8 Mar – Drug information, treatment and recovery

**Stepping Forward – Sydney (cont …)**

**See session dates**

**Times TBA**

**ASHFIELD/BURWOOD**

**Venue:** TBA
**Enquiries:** Carol 0400 113 422
**Session 1:** Mon 11 Mar – Stages of change and life balance
**Session 2:** Mon 18 Mar – Communication
**Session 3:** Mon 25 Mar – Drug information, treatment and recovery

# Top Cop's Son Locked Up After Drug Relapse

**Ashlee Mullany, *PerthNow* (22/11/12**

Police Commissioner Karl O'Callaghan's son is back behind bars after failing a drug test. Russell O'Callaghan returned to Casuarina Prison late this afternoon after his father was notified that he had failed the test.

O'Callaghan, 31, was released on parole in May after serving eight months of a 16-month jail sentence for attempting to manufacture methamphetamines.

Late today, the Commissioner said he would continue to support his son as his family 'work through this difficult time'. 'This afternoon the Department of Corrective Services issued a report to prison warrant for my son Russell for failing a drug test,' Mr O'Callaghan said.

'He was, or is, a methamphetamine addict and has been undergoing treatment but it was a requirement of his parole that he did not consume drugs or alcohol and he failed his drug test.

'Methamphetamine is a highly addictive drug and it's not uncommon for methamphetamine addicts to relapse during their recover. That does not mean they failed their recover, it means they've hit a stumbling block.'

Mr O'Callaghan suffered severe burns when a clandestine drug lab exploded inside a Carlisle Homeswest unit in March 2011.

The Commissioner said his son had been living with him and working following his release from prison in May. Under his parole conditions Mr O'Callaghan was told he could not consume alcohol, must submit for regular and random urine analysis to test for alcohol and illicit drugs and supply breath tests as required by police

'All we can do now is continue to support him,' the Commissioner said. 'I am his parent, his father, and I will continue to support him. We will extend unconditional love while we work through this difficult time.'

# NEWS FROM OVERSEAS

## United Kingdom

### MEPHEDRONE: THE RISE OF HEROIN'S CHEAP RIVAL

Mephedrone was popular among young people and internet-savvy experimenters as a cheap alternative to cocaine and ecstasy, easily bought online legally and for a fraction of the price of its illegal alternatives. Then it appeared to slip from view after being classified as a class B drug in 2010. But now it's back, reincarnated as an injected drug to rival crack and heroin.

Research carried out among police forces, drug agencies and frontline drug workers across the UK, published this month by the charity DrugScope, shows that while use of substances such as cannabis, heroin, speed and cocaine is decreasing, mephedrone use is on the rise.

'It has become really prolific in the past 12 months; we have young people from 13 years old taking it,' says Lucy Hulin, a substance misuse worker in Gloucester. 'People we see are using the drug all day, mainly because they are bored.' Hulin says the young people's drug service in Gloucester has seen more than 50 new cases of problematic mephedrone use in the past nine months.

In Barry, south Wales, drug workers have witnessed an epidemic of mephedrone injecting among the town's 200 or so users of intravenous heroin and amphetamine. 'It happened very quickly and we didn't see it coming,' says Mike Brown, a case manager at drug charity Inroads. 'Virtually all our heroin and speed injectors suddenly began injecting mephedrone instead. It's a close community, so habits spread quickly. They call it 'M-smack'.'

It is easy to see how the drug might flourish. Less reliant on a traditional distribution system than crack, cocaine, ecstasy and crystal meth, mephedrone is more accessible to those living outside major city centres. And it has none of the 'junkie' stigma associated with heroin and crack.

But mephedrone's compulsive effect means that, in extreme cases, users are injecting the powder (dissolved in water) up to 20 to 40 times a day, according to a report compiled by the drug charity Addaction in Barnsley.

'This may be the start of a whole new problem with a whole new population who are not even easy to identify, never mind engage with,' says Glen Jarvis, a Nottingham drug worker.

The unpredictable nature of substances sold as mephedrone – drug services say it is being cut with everything from

benzocaine to monosodium glutamate (the flavour enhancer is added to mephedrone by some sellers to make it less painful to snort) – means drug users are taking huge risks if they inject it. In south Wales, dealers are selling 'kit kat', a mixture of mephedrone and the increasingly popular hallucinogenic anaesthetic ketamine.

The optimism sparked by falling heroin use, heralded by some as the end of the 'Trainspotting generation', will have to be tempered. As Britain exits one phase of its drug using history, it is about to enter another.

Daly is co-author with Steve Sampson of *Narcomania: A journey through Britain's drug world*.

Daly & Sampson, *The Guardian* (3/12/12)

# Russia

## Russia 'Alarmed' Over Record Afghan Heroin Bust

The Federal Drug Service reported that over 175 kilograms of heroin have been seized in a year long police operation in Naberezhniye Chelny. The record haul points to failed drug-trafficking efforts by coalition forces in Afghanistan.

For the past four years, Russian police have been on the trail of a transnational drug-trafficking ring that has tentacles penetrating deep into Russia. This week, the sting operation, codenamed 'Operation Cartel,' made a spectacular haul.

Viktor Ivanov, Federal Drug Control Service chief, gave details of the final moments of the operation that focused on the Volga and Northwestern regions.

'A BMW X-5 with Russian license plates was stopped in Naberezhniye Chelny on the morning of November 23, and 90 kilograms of 50 percent pure heroin was seized from hiding places (inside of the vehicle),' Ivanov told reporters in Moscow on Tuesday.

Another 85 kilograms of heroin was subsequently seized in the course of police searches at the suspects' apartments.In total, 'more than 175 kilograms of heroin' was seized, he said. To put into scale the significance of the operation, 750 kilograms of heroin were 'tracked down and destroyed' in the previous year, the official added.

As the Russian anti-drug chief reported about the success of his agency he once again pointed out the problems it was facing both at home and especially abroad as the failed coalition policy in Afghanistan allows this country to remain world's top illegal drug producer.

Ivanov noted that even though Afghanistan's opium industry poses a direct threat to the European Union, the NATO bloc does little to stop it, according to the officials 'they cannot work outside the European Union'. Ivanov added that Russia is interested in cooperation with NATO on the problem but NATO still refuses to accredit a representative of the Russian

drug enforcement service to its headquarters in Brussels.

Ivanov and other Russian officials have repeatedly voiced concern that the flow of drugs from Afghanistan will increase once coalition forces leave the country in 2014.

Even without foreign support Russia is trying to deal with the problem. The Federal Anti-drug service has opened an office in Kabul and the information from it allowed for several successful operations, like the Naberezhnye Chelny bust.

However, as Ivanov pointed out last year, Russia's ultimate objective is to set up a special international agency, working in cooperation with the Afghan government and the international organizations like UN, OSCE and CSTO. The agency will fight the international drug cartels responsible for heroin trafficking and eventually could lead to the creation of a stable system for Eurasian anti-drug security, the Russian official stated.

*Rt.com* (27/11/12)

# United States

### ANALYSIS: OBAMA FACES LATIN AMERICA REVOLT OVER DRUGS, TRADE

President Barack Obama will face an unprecedented revolt by Latin American countries against the U.S.-led drug war during his second term and he also may struggle to pass new trade deals as the region once known as 'America's backyard' flexes its muscles like never before.

Washington's ability to influence events in Latin America has arguably never been lower. The new reality is as much a product of the United States' economic struggles as a wave of democracy and greater prosperity that has swept much of the region of 580 million people in the past decade or so.

It's not that the United States is reviled now – far from it. Although a few vocally anti-U.S. leaders like Venezuela's Hugo Chavez tend to grab the media spotlight, Obama has warm or cordial relations with Brazil, Mexico and other big countries in the region.

Most Latin American leaders were rooting, either privately or publicly, for his re-election on Tuesday. That said, even close allies are increasingly emboldened to act without worrying about what 'Tio Sam' will say or do. Nowhere is that more evident than on anti-narcotics policy.

In 2012 as never before, many governments challenged the four-decade-old policies under which Washington has encouraged, and often bankrolled, efforts to disrupt the cultivation and smuggling of cocaine, marijuana and other drugs in the region.

The reasons for the unrest: Frustration with what many perceive as the pointless bloodshed caused by the 'war on drugs,' plus a feeling the United States has not done enough to reduce its own demand for narcotics – if, that is, it's even possible to curb demand.

Those are hardly new complaints but they used to be aired in private. In April, several presidents voiced doubts about anti-drug policies at a regional summit that Obama attended. At the U.N. General Assembly in September, the leaders of Mexico, Colombia and Guatemala – historically three of the most reliable U.S. partners on drug interdiction – called on world governments to explore new alternatives to the problem.

Obama and other U.S. officials have energetically lobbied against legalization of drugs or letting up in the fight against powerful smuggling gangs. Yet some leaders and well-connected observers across Latin America expect substantial shifts in the next few years.

'The taboo is broken,' said Moises Naim, a senior associate at the Carnegie Endowment for International Peace in Washington. '2012 will go down as the year when Latin American governments became assertive and began making changes of their own accord.'

It remains unclear what exactly the changes will look like or how many countries will embrace them.

Some leaders, such as Guatemalan President Otto Perez, have openly proposed legalizing or 'decriminalizing' certain drugs. Others have pushed for less dramatic changes such as legalizing only marijuana or, like Mexico's Felipe Calderon, have spoken in vague terms of a 'less prohibitionist' approach.

Uruguay has gone furthest, proposing a bill this year that would legalize marijuana and have the state distribute it. That move was regarded as too extreme by many in the region, although this week's decision by voters in Washington and Colorado states to legalize marijuana for recreational use showed that, even in the United States, the status quo is changing fast.

'Nobody knows where this is going yet,' said Fernando Henrique Cardoso, a former Brazilian president and part of an influential group of statesmen who have met behind the scenes with current leaders to advance the debate.

'I'd describe this as a phase of timid, controlled experimentation,' Cardoso told Reuters. 'It's going forward, and it seems there will be changes … Nobody seems very concerned with how the United States will react.'

Cardoso, 81, remembers an era of powerful U.S. ambassadors and so-called 'banana republics' – when Washington often played a hand in installing leaders across Latin America and deposing those who incurred its wrath.

That period basically ended with the conclusion of the Cold War. Still, as recently as a decade ago, the United States still enjoyed more leverage than it does now – thanks to trade, foreign aid, and loans from groups like the International Monetary Fund in which Washington plays a major role.

The United States' economic slump has contributed to the changing dynamic.

But so has a wave of broad-based economic growth in Latin America that has lifted some 50 million people into the middle class since 2003, allowed countries such as Brazil to pay off debts to the IMF, and made the region broadly less subject to foreign pressure.

Although there are exceptions, Latin America as a whole has also become more democratic. That makes it more complicated for Washington to shape events than it was during the 20th century, when one U.S. secretary of state famously described a Caribbean dictator as 'a son of a bitch, but he's our son of a bitch.'

'Laugh if you want, but there's no one son of a bitch for us to go talk to anymore in these countries,' said Shannon O'Neil, a Latin America expert at the Council on Foreign Relations in New York. 'There are still some people in Washington who don't fully understand that these democracies are just as complicated as ours is … and that ends up hurting us sometimes.'

She said the more robust democracies help explain the recent pushback against drug policy. 'What you're seeing is a popular outcry against the violence, and these governments are responding to it.'

U.S. envoys are now respectful of countries' sovereignty but still circle the region and warn about the dangers a change may pose. Obama said just before the April summit that legalizing drugs would not do away with violent cartels and 'could be just as corrupting, if not more corrupting than the status quo.'

Some countries such as Peru have heeded such warnings and are intensifying their drug crackdown. Alvaro Uribe, who was a stalwart U.S. ally as president of Colombia from 2002 to 2010 and meets regularly with some of the leaders feeding the debate, said it may result in fewer changes than some think.

'A lot of it is lip service,' Uribe told Reuters. 'In private, few speak of substantial changes.'

Uribe, Cardoso and others agree that Mexico's incoming President Enrique Pena Nieto will be a key piece to the puzzle because of his country's size and proximity to the United States, as well as Mexico's status as the prime battleground for drug violence. Some 60,000 people have died in Mexican drug violence in the past six years.

Pena Nieto is likely to discuss drug policy when he meets Obama before taking office in December. Aides have said Pena Nieto opposes legalization, although Chihuahua state governor Cesar Duarte – an ally of the incoming leader – told Reuters that Mexico should legalize the export of marijuana and consider other changes following the votes by Washington and Colorado.

On the other big issue the United States cares most about in Latin America – trade – the road ahead also looks bumpy.

Naim said Obama administration officials have told him they want to make a major push for free trade throughout the hemisphere during a second term. 'They'll try to start with the big countries,' Naim said. 'Whoever wants in can join.'

The push may find receptive ears in countries such as Mexico and Peru on Latin America's Pacific coast, which tend to be more open to trade, in part because of their relative proximity to Asia. Several of those countries already enjoy trade deals with the United States, but stand to gain from a broader agreement.

However, new trade talks have faced huge barriers in recent years because of strains on the global economy and Latin American countries are likely to be even more insistent on negotiating thorny issues like U.S. agricultural subsidies than they were in the past.

That's in part because they have other options. China's trade with Latin America soared from near nothing in the past decade and now accounts for about 11 percent of trade in the region. The U.S. share has fallen from 53 percent to 39 percent.

O'Neil said the most likely outcome may be a 'divide down the hemisphere' in which Brazil, Argentina, Venezuela and a few other countries stay out of any new trade deal. Together, they account for about 60 percent of Latin America's economic output.

The more fertile ground for cooperation may lie in less glamorous, but still important issues like energy policy, education and intellectual property rights. Even there, though, it's clear the relationship is ever more one of equals.

'Latin America, especially Brazil and Mexico, represent a huge opportunity for the United States – if they can take advantage of it,' said Andres Rozental, a former Mexican deputy foreign minister. 'But the era of unilateralism and the almost monolithic influence of the Americans in the world is just not what it was.'

*Newsmax.com* (11/11/12)

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## WASHINGTON AND COLORADO ALLOW MARIJUANA'S RECREATIONAL USE

Washington and Colorado voters approved legalisation of marijuana for recreational use, making them the first U.S. states to decriminalise the practice.

Washington will allow those at least 21 years old to buy as much as one ounce (28 grams) of marijuana from a licensed retailer. Colorado's measure allows possession of an ounce, and permits growing as many as six plants in private, secure areas. Oregon voters rejected a similar measure.

'The voters have spoken and we have to respect their will,' Colorado Governor John Hickenlooper said in a statement. 'This will be a complicated process, but we intend to follow through. That said, federal law still says marijuana is an illegal drug so

don't break out the Cheetos or Goldfish too quickly.'

A spokesman for the U.S. Attorney's Office in Colorado said federal law was not affected by the vote.

'The Department of Justice's enforcement of the Controlled Substances Act remains unchanged,' said Jeff Dorschner in a statement. 'We are reviewing the ballot initiative and have no additional comment at this time.'

**New Leaf**

Washington, Colorado and Oregon were among six states with marijuana on their ballots. In Massachusetts, residents approved a measure to allow medical use, while Arkansas voters rejected such a proposal. Medical-marijuana use is already permitted in 17 states and the District of Columbia. In Montana, a proposal to restrict the use of medical marijuana was leading, 57 percent to 43 percent, with 55 percent of ballots counted, the Associated Press said.

'It's very monumental,' said Allen St. Pierre, executive director of the National Organization for the Reform of Marijuana Laws, a Washington-based group that advocates legalization. 'No state has ever done this. Technically, marijuana isn't even legal in Amsterdam.'

The approval of recreational pot goes a step beyond its acceptance in medical use. California was the first state to permit medical-marijuana when voters approved it in 1996. Federal prosecutors cracked down on the medical-marijuana industry in California last year, threatening landlords with jail if they didn't evict the shops.

**Looking Askance**

'Regardless of state laws to the contrary, there is no such thing as 'medical' marijuana under federal law,' according to the White House Office of National Drug Control Policy.

U.S. Attorney General Eric Holder released a letter a month before California voters considered a ballot measure to legalize recreational use of marijuana in 2010, saying the Justice Department would 'vigorously' enforce federal law. The initiative failed.

A Justice Department spokesman, Dean Boyd, declined to comment yesterday when reached by telephone.

In Washington state, decriminalization and new rules on driving under the influence take effect December 6. The state liquor control board must adopt rules by December 1, 2013 for licensing producers, processors and retailers.

The Washington measure may generate as much as $1.9 billion in revenue over five fiscal years, according to the state's Office of Financial Management.

*Brisbanetimes.com.au* (7/11/12)

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## GONE TO POT: PLACES WHERE MARIJUANA IS LEGAL

Last week two American states legalised the use of small amounts of marijuana. Critics immediately claimed it would allow busloads of tourists to travel interstate, pull cones, snowboard and then go home.

Despite the fear mongering, it's not like the US is going to turn into a mini Amsterdam with pot freely available for sale in coffee shops. It will in fact have laws similar to many Australian states.

From December 6, Colorado will allow 'personal use and regulation of marijuana for adults 21 and older. It will also allow people to grow up to six personal marijuana plants as long as they are in a locked space.

In Washington, plants will still be prohibited unless people gain medical authorisation. But users will legally be able to possess up to an ounce of marijuana.

In Australia marijuana is decriminalised for personal use in small amounts in the ACT, SA, WA and the NT. In all other states it is illegal.

There are no bus loads of tourists travelling from NSW to Canberra to smoke pot and check out the National Gallery.

Travellers heading overseas who have an addiction to marijuana should check local laws before they think about taking a puff. The green stuff can land you a long stint in jail.

That is unless you travel to these countries. Here's a quick list of the places where marijuana is actually legal.

- Argentina – legal for personal use in small amounts.
- Cyprus – possession of up to 15 grams for personal use and five plants.
- Ecuador – possession is not illegal defined by law 108.
- Mexico – personal use of up to five grams is legal.
- The Netherlands – cannabis is sold in 'coffee shops' other types of sales and possession is illegal.
- Peru – up to eight grams of cannabis is legal as long as the user is not in possession of another drug.
- Switzerland – On January 1, 2012, the cantons Vaud, Neuchatel, Geneva and Fribourg allowed the growing and cultivation of up to 4 cannabis plants per person, in an attempt to curb illegal street trafficking.
- Uruguay – possession for personal use is not penalised. BUT the amount allowed for personal use is not specified in the law.

Alison Godfrey, *Herald Sun* (12/11/12)

# Rethinking Our Attitude To Drugs

**Luke O'Connor, *The Zone* (10/10/12)**

Illicit drugs are widely viewed with fear and loathing. Parents, in particular, are understandably terrified their children will become addicted to headline-grabbing horrors including heroin and methamphetamine and crack cocaine. Alcohol and other drugs are known to be extremely hazardous to the developing brains of young people.

The apprehension is endlessly fuelled by stereotypical images of dishevelled, desperate drug users roaming the streets.

While the fear of addiction is rational, the widespread demonisation of drug use is often hypocritical and borders on collective hysteria. The reality is that most people who use drugs – legal and illegal – do so recreationally and relatively safely.

The issue is further blurred by the arbitrary distinction between permitted and prohibited substances. This can create a false sense of security – for example, alcohol is legal, but can cause enormous damage.

Beyond that, the burgeoning misuse of, and trade in, prescribed drugs, particularly pain medications and tranquilisers, is potentially overtaking illicit drug misuse as a social and health concern.

This instalment of The Zone is not seeking to condone or encourage substance misuse. Rather, it seeks to encourage people to rethink their attitude to, and understanding of, drugs, so that we might as a society better deal with the problems faced by the minority of people who get into strife using substances that alter the mind and body.

Today's guest is Luke O'Connor, an expert in helping those with drug and alcohol problems. He works with Youth Projects, a non-profit organisation that runs the Melbourne Drug and Health Alliance, a network of mental health, drug and alcohol and primary healthcare organisations.

The alliance helps community workers co-ordinate their efforts and identify how they can best serve those in need. Youth Projects provides a range of community services to people, particularly young people, experiencing disadvantage including addiction, unemployment and homelessness.

In our interview, of which the full transcript and a short video are at theage.com.au/opinion/the-zone, O'Connor explains that for many people their addiction or abuse is a symptom, not the primary cause.

'The reality is that the people who are the most visible, those who are street drug users and those that we pass on our way to work on a lot of mornings, are actually people who are experiencing a range of issues – not necessarily solely drug-use or alcohol-use issues,' O'Connor says. 'It is often

part of a greater problem linked to mental health, trauma, lack of housing, family breakdown. And that is not to say that all drug users are from that category, but I think in the stereotype that people see, that chaotic drug user, that is often the case.'

Like so many other experts, O'Connor believes prohibition has failed utterly and the so-called war on drugs has been lost. They argue that far better public health outcomes would be generated were the use of several illicit substances decriminalised and regulated, and that drug use be treated as a health issue, rather than a criminal one.

Last week, *The Age* published a feature article in which health and legal experts explained that ecstasy, or MDMA, is less harmful than alcohol (http://www.the age.com.au/victoria/dancing-with-molly-20121203-2ar04.html).

'The research suggests that the harms caused by ecstasy to the community are negligible when you compare them to the harms caused by alcohol.

'Now, I am not beating up on alcohol here, but it really does highlight to our policymakers that there is an arbitrary line which is really not considering research, and it's not considering the issues that the alcohol and drug and the health sector more broadly have to deal with.

'There are a lot of people in society who think there definitely is a need for a rethink. Even my dealings with police officers would say that decriminalisation of some substances is the only way forward, but they are in the duty of enforcing laws, so obviously they cannot publicly take those positions.'

Decriminalisation is an idea gathering force. Portugal has decriminalised heroin. Some US states have decriminalised cannabis. It's about harm minimisation, not encouraging dangerous use of substances. In Australia, people in power know prohibition has failed, but they are afraid to confront this reality for fear of a public backlash.

A previous guest in The Zone, Professor Nick Crofts of the University of Melbourne's Nossal Institute for Global Health, conducted a study for the Kennett government during which he spoke to dozens of politicians, police leaders and policymakers. Almost without exception, they told him prohibition should be abandoned – but there was no way they would say so publicly.

That was almost 20 years ago. O'Connor is enthused by the fact that the police are now diverting drug users away from the criminal justice system and into the health and community services system.

He is also encouraged that the Victorian government is reviewing its drug policies. 'The Victorian government is showing that they are interested in the views of those who work in the sector, because they understand the challenges that are being faced. Obviously, we're yet to

see how successful they are. Although reform is an excellent thing, reform is only going to be as successful as how innovative they can try to be.'

O'Connor believes there is much innovation our lawmakers might tap into. In the ACT, the US and Britain, there have been successful trials of a drug called naloxone, which reverses the effects of overdoses of heroin and other opiates.

A major weakness is that there are too few doctors who have been trained to pharmacologically treat people who have problems with drugs, legal or otherwise.

O'Connor says the problem is becoming even more acute as the number of people becoming addicted to prescription tranquilisers and pain medications grows. A recent report from the Coroners Court of Victoria suggested such drugs were causing more deaths than prohibited substances.

'The biggest challenge is going to be that we have a new wave of users coming through who are behind closed doors – who are friends, family, sons, daughters, people who are working, are participating in the Australian economy but also are dabbling in these drugs and putting themselves at extreme risk because they aren't educated about the possible risks.'

Such is the lack of doctors trained to treat problem users pharmacologically that services such as Youth Projects' city clinic, the Living Room, is being challenged to meet the increasing demand for health and medical assistance required. O'Connor argues that such treatment should be widely available in the public health system, and that doctors should be given financial incentives to train in the use of treatments including methadone and buprenorphine. A further barrier, he suggests, is that many doctors simply do not want to have drug addicts in their surgeries.

O'Connor has a passion for his work. He brings empathy to it; someone very close to him is an alcoholic. He has seen at first hand over a long period the effects of addiction. He was inspired to become a drug and alcohol worker when he was employed as an administrator in a clinic in London. Without a hint of irony, he describes himself as 'hooked' on his profession. He has seen progress; his organisation runs needle-exchange programs that have reduced the transmission of hepatitis C and HIV. And he believes there can be much more progress should the community review its attitudes to substance misuse.

We cannot expect our politicians to make enlightened changes unless voters show they understand that drug addiction and abuse are not solved by outlawing drugs. They are solved by helping people in need deal with underlying problems, and through regulation and widespread education about the profound risks involved in the over-consumption of substances, licit and illicit.

# NSW Inquiry On Medical Use Of Marijuana

**Sarah Gerathy, *ABC News* (23/11/12)**

The New South Wales Opposition says an Upper House inquiry into the medical use of marijuana will help the debate to be dominated by evidence, instead of dogma.

A cross-party committee will look at whether marijuana can be used as an effective and safe form of pain relief for sufferers of certain illnesses, such as cancer and AIDS.

Labor's leader in the Upper House Luke Foley, who moved the motion to set up the inquiry, says it will also examine what legal implications surround the medical use of cannabis and how it might be supplied.

'We want to hear from clinicians on up-to-date medical evidence,' he said. 'We want to hear from lawyers on the legal issues, and researchers, and get to the bottom of this with evidence rather than dogma.'

He says the inquiry's findings should shape state policy on the issue. 'If the evidence comes in that there is a role for medicinal use of cannabis for a certain number of illnesses, I would support reform in that area,' he said. 'But let's get the evidence in first – that's why we've formed the inquiry yesterday.'

The head of of the Australian Drug Law Reform Foundation says strong measures must be put in place to ensure medicinal cannabis is not used as a gateway to recreational use.

Doctor Alex Wodak says 69 per cent of Australians support the use of medicinal cannabis while 75 per cent support a trial. He says there is a case for its use in some circumstances.

'It's not a first line drug,' he said. 'But, if the first line or second line drug doesn't work for you and you've got terrible symptoms – especially from a terminal condition – then I think we should be able to in a civilised and compassionate society like Australia, we should be able to allow people to use it.'

The committee will report back in May.

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# FDS – A Poem

sharing fears
for sons daughters
lovers
a room of hurts
becoming hope

# 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 |
|---|---|---|---|---|
| Alan | Locke | 17/09/1949 | 19/03/1985 | 35 |
| Alicia Noela | Zorgati-Murphy | 28/02/1977 | 06/02/2011 | 33 |
| Amber | Stewart | 09/02/1985 | 08/03/2000 | 14 |
| Amy | Viles | 16/01/1978 | 07/03/1999 | 21 |
| Anthony | McGoldrick | 22/08/1965 | 03/02/1997 | 31 |
| Ben | Prior | 12/07/1974 | 20/03/1999 | 24 |
| Bindi | Calder | 29/04/1978 | 03/03/1995 | 16 |
| Brenton | MacDonald | 14/06/1970 | 29/03/2001 | 30 |
| Daniel Tarver | Smith | 12/10/1983 | 22/01/2012 | 28 |
| Damien | Trimingham | 09/01/1974 | 24/02/1997 | 23 |
| Danny Paul | Hammond | 08/11/1977 | 04/03/2000 | 22 |
| David | Nicholas | 16/08/1955 | 30/03/1999 | 43 |
| Debbie | Treadwell | 02/03/1967 | 03/03/2000 | 33 |
| Dieter | Wheeler | 01/07/1967 | 01/03/2000 | 33 |
| Duncan | McGhie | 14/10/1975 | 01/03/2002 | 26 |
| Edward | Boulton | 1969 | 24/03/1999 | 30 |
| Guy | Tremain | 05/04/1970 | 14/02/1997 | 26 |
| Hannah | West | 27/09/1981 | 28/03/1997 | 15 |
| Ian | Campbell | 13/10/1967 | 20/02/1998 | 30 |
| Jason | Barganier | 21/10/1974 | 01/03/1999 | 24 |
| John | Millar | 25/11/1965 | 22/02/1997 | 31 |
| John | Mordaunt | 30/10/1957 | 24/03/1995 | 37 |
| John | Keeble | 10/06/1976 | 04/03/1998 | 21 |
| Kingston | Rosewood | 29/06/1965 | 21/02/1990 | 24 |
| Kristen Ross | Hansen | 02/08/1977 | 01/12/2011 | 34 |
| Lea Marie | Spencer | 28/03/1968 | 06/02/1995 | 26 |
| Lee | Bailey | 11/12/1976 | 27/02/1998 | 21 |
| Malu Mark | Bellear | 22/10/1972 | 02/02/1996 | 23 |
| Matthew | Walden | 20/09/1976 | 05/02/1996 | 19 |

| Given Name | Family Name | Date of Birth | Date of Death | Age |
|---|---|---|---|---|
| Michael | Scaife | 29/09/1979 | 31/03/2000 | 20 |
| Micheal | Daly | 19/08/1978 | 30/03/2000 | 21 |
| Paul | Markus | 10/05/1958 | 15/02/1997 | 36 |
| Peter | Walsh | 15/09/1970 | 16/02/1997 | 26 |
| Philip | Davies | 29/05/1973 | 18/03/1995 | 21 |
| Rebekah | Carrodus | 30/03/1964 | 14/02/1984 | 19 |
| Robert | Chaisson | 23/02/1949 | 05/03/2000 | 51 |
| Samuel | Harrison | 12/01/1970 | 10/02/1997 | 26 |
| Shaun | Western | 1970 | 18/02/2000 | 30 |
| Stephen | Marshall | 25/07/1963 | 13/02/1999 | 35 |
| Tom | Merson | 12/03/1973 | 03/06/2002 | 28 |
| Victor | Shive | 09/08/1957 | 06/02/2000 | 42 |
| Warren | Penny | 20/01/1973 | 12/02/1999 | 26 |
| Zoe | Burger | 27/09/1976 | 01/02/2001 | 22 |

# Me

I am valuable – my life force is worth protecting
I am claiming back everything I once surrendered
My self-worth is growing
I am valuing my views, my inspirations,
My aspirations, my joys and my needs
Little did I know I would discover my own treasures
And be able to hold onto them
Since the Stepping Stones Program I feel there are others I can turn to
And we are on this journey of strengthening ourselves
And flourishing in the face of our loved one's journey
Of playing with Fate

*Petra*

# Nine Years Down

The Sailing club in South Brisbane
sits high
on the bend of the river
watches
the slick City Cat slide past
leave its wake
of waves on the bank

The grass slopes are bare
today

No crowd gathered
for the farewell
of a 19 year old son
in wetsuit and sunglasses
in a box
beneath a blue sail

No young men
in black
lining the riverside

or drug dealers
shifting
in shadows of trees
up by the road

No chairs laid out
for the mother, father, sister,
brother, extended family,
close friends

Or speeches going on for hours
in the hot sun from a father
desperate to delay
the laying down
of the lid

No line-up
of children and others
to write on the coffin
a shiny wooden thing
with gold handles

Or pony–tailed Maori youth
lifting his necklace
over his head, cradling it
in his hand

No fine Greek brothers
with guitar, singing
We didn't know
you were hurting
so bad

Just sunshine, a clear blue sky
and a one year old grandson
sharing the name of the son
no longer here

though – somewhere
in the air – a sense

his light arm relaxed across
my shoulder
He leans and grins to watch

His nephew
falling over
picking himself up
and raising his arm
as another Cat passes

wave upon wave
washing in

# Ross Colquhoun Censured By Psychologists Tribunal Of NSW

**Leah McLeod, *Users News, NUAA* (11/12/12)**

On 5 December, Ross Colquhoun, (owner of Psych n soul, the naltrexone implant clinic) was found by the Psychologists Tribunal of NSW (with the HCCC as complainant):

- To be not competent to practice as a psychologist;
- Guilty of professional misconduct; and
- Not a suitable person for registration in the profession.

that the Respondent's registration as a psychologist should be cancelled.

The Respondent's professional misconduct, poor credit before the Tribunal, failure to comply with ethical obligations, and general lack of integrity persuade the Tribunal that he should be restricted from practising as a psychologist. The Tribunal also finds that he is unsuitable to work in associated fields. The Complainant seeks an order that

The practitioner is prohibited from providing the following health services, whether provided as public or private services:

- Mental Health Services (including counselling, assessments, and screening of patients);
- Community Health services; and,
- Welfare Services.

# Top Drug Advisory Council Seeks Youth Input On Drug Policy

**Erin O'Loughlin, UNSW, NDARC (5/11/12)**

Do young Australians want illicit drugs to be decriminalised?

Are they confident an increase in the price of booze will stop their peers from binging?

Do they think police with sniffer dogs help to curb drug use at festivals?

It is easy to jump to conclusions about what generations Y and Z may think about alcohol and drugs, but to date there has been very little evidence collected on how young people think drug and alcohol-related issues should be handled by governments.

Now, the National Drug and Alcohol Research Centre (NDARC) at the

University of New South Wales is casting assumptions aside and asking 16-25 year olds directly: what do you think about Australia's responses to alcohol and other drug use?

The survey has been commissioned by the Australian National Council on Drugs (ANCD) and is being administered by the Drug Policy Modelling Program (DPMP) at NDARC and the Youth Support and Advocacy Service.

Among the initiatives organisers are seeking young Australians' opinions on are:

- the curbing of late night trading hours of pubs and clubs
- the provision of low-alcohol drinks at sporting events
- putting up the price of alcohol
- raising the minimum drinking age
- decriminalising drug use
- the use of drug testing in schools and workplaces
- the use of sniffer dogs
- regulated injecting rooms, where people can inject drugs in a safe place
- the provision of treatments that mimic the effects of illicit drugs, like methadone for heroin users

DPMP research associate Dr Francis Matthew-Simmons said the information collected may be used to directly influence Australia's drug policy.

'The ANCD is the official body advising the Prime Minister and the Federal Government on what it ought to do about illicit drugs and here it is actively seeking out young people's opinions. If teenagers and those in their twenties want to get a message across to authorities on how they should respond to drug and alcohol use, this is a prime opportunity.'

Organisers are seeking responses from more than just drug users.

'We want to hear from young people all over Australia, from Perth to Port Macquarie and everywhere in between. It doesn't matter if they have never taken an illicit drug, never touched alcohol, or drink and use drugs regularly – every Australian aged 16 to 25 can take part,' Dr Matthew-Simmons said.

**Youth Drug Support www.yds.org.au**

**Family Drug Support www.fds.org.au**

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

# Our Young Drug Addicts

**Cathy O'Leary, *The West Australian* (5/11/12)**

Children as young as 12 are part of an alarming increase in WA teenagers getting professional help for problem cannabis and alcohol use.

New figures from support service Palmerston show a record number of people sought help last financial year, including about 280 aged under 18.

Releasing the association's annual report, chief executive Sheila McHale called on the main political parties to commit more resources to supporting people struggling with substance abuse.

She told the State conference of the Local Drug Action Groups that Palmerston supported more than 4000 people and their families in the past year.

Of those, 836 were under 25 and a third were under 18, pointing to the need for more youth services.

'Of the young people under 14, cannabis followed by alcohol were the primary concern,' she said.

'While the numbers are small, it is a worrying trend that we are seeing young people of this age.

'We are concerned in the extreme about what is happening to our children, who are often the direct target of alcohol sites and advertising, and are increasingly clients of alcohol and drug services.'

Ms McHale said concerns were also increasing about alcohol and drug dependence among fly-in, fly-out workers and returned defence forces personnel.

'With FIFO, we know it's affecting not just workers, but partners and families, and with the defence personnel there are concerns about post trauma stress and the impact on them and their kids,' she said.

'We are already starting to see it show up in some of our clients, including returned defence people, so these are extra populations we need to watch for problems.'

McCusker Centre for Action on Alcohol and Youth director Mike Daube said the Palmerston figures were more evidence of a problem that worried everyone but no one seemed to be acting on.

'Our young people are being bombarded with messages promoting alcohol and are directly targeted through advertising, sponsorship, youth-focused products and social media,' he said.

# 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)**<br>Provides 24 hour confidential service incl. advice, information and referral | (02) 9361 8000 / 1800 422 599 *country callers* |
| **AIDS HIV Info Line** | (02) 9206 2000 / 1800 063 060 *country callers* |
| **Directions ACT** | (02) 6122 8000 |
| **Drugs in the Family (Canberra)** | (02) 6257 3043 |
| **Families & Friends for Drug Law Reform (Canberra)** | (02) 6254 2961 |
| **Family Drug Support (Adelaide)** | (08) 8384 4314 / 0401 732 129 |
| **Family Drug Help (Melbourne)** | 1300 660 068 |
| **Hepatitis C Info & Support Line** | (02) 9332 1599 / 1800 803 990 |
| **Nar-Anon** | (02) 9418 8728 |
| **Narcotics Anonymous**<br>Self-help for drug problems | (02) 9565 1453 / 0055 29411 |
| **NCPIC (Information & Helpline)** | 1800 304 050 |
| **NUAA (NSW Users & Aids Association)** | (02) 8354 7300<br>1800 644 413 *country callers* |
| **Parent Drug Information Service WA** | (08) 9442 5050<br>1800 653 203 *country callers* |
| **Parent Line NSW** | 13 20 55 |
| **Ted Noffs Foundation**<br>Centre for youth and family drug and alcohol counselling services | 1800 151 045 |

# Family Support Meetings Feb–Mar 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** **every Monday**
Volunteers Room, Ashfield Uniting Church (down right hand side of church) **(7 – 9 pm)**
180 Liverpool Rd, Ashfield. *Enquiries:* 0410 494 933

**NSW – Parramatta** **2nd/4th Tuesday of month: 12 & 26 Feb; 12 & 26 Mar**
Parramatta City Council, Dan Mahoney Room, 2 Civic Pl, Parramatta. *Enquiries:* (02) 4782 9222 **(7 – 9 pm)**

**NSW – Chatswood** **1st/3rd Wednesday of month: 6 & 20 Feb; 6 & 20 Mar**
Dougherty Community Centre Studio, 7 Victor St, Chatswood **(7 – 9 pm)**
*Enquiries:* Liz 0417 429 036 or Hillary 0418 656 549

**NSW – Kincumber** **1st/3rd Monday of month: 4 & 18 Feb; 4 & 18 Mar**
Arafmi Cottage, 6/20 Kincumber St, Kincumber. *Enquiries:* Marion 0439 435 382 **(7 – 9 pm)**

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

**NSW – Port Macquarie** **1st Monday of month: 4 Feb; 4 Mar**
Education Rooms, rear of Community Health Centre (next to water tank) **(6 – 8 pm)**
Morton St, Port Macquarie. *Enquiries:* Pam 0438 994 269

**NSW – Coffs Harbour** **1st/3rd Monday of month: 4 & 18 Feb; 4 & 18 Mar**
The Mudhut, Duke St, Coffs Harbour. *Enquiries:* Theo 0402 604 354 **(7 – 9 pm)**

**NSW – Byron Bay** **2nd/4th Monday of month: 11 & 25 Feb; 11 & 25 Mar**
Guide Hall, Carlyle St, Byron Bay (behind tennis courts across from Byron PS) **(7 – 9 pm)**
*Enquiries:* Margaret 0427 857 092

**ACT – Canberra** **Wednesday every fortnight: 6 & 20 Feb; 6 & 20 Mar**
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: 13 & 27 Feb; 13 & 27 Mar**
Knightsbridge Baptist Church Hall. 455 Glynburn Rd, Leabrook **(7 – 9 pm)**
*Enquiries:* Kath (08) 8384 4314 or 0401 732 129

**SA – Hallett Cove** **Wednesday every fortnight: 6 & 20 Feb; 6 & 20 Mar**
Cove Youth Services, Suite 11, 1 Zwerner Dr, Hallett Cove **(7 – 9 pm)**
*Enquiries:* Kath (08) 8384 4314 or 0401 732 129

**SA – Woodville Park** **1st/3rd Monday of month: 4 & 18 Feb; 4 & 18 Mar**
Diamond Clubhouse, 19 Kilkenny Rd, Woodville Park. **(7 – 9 pm)**
*Enquiries:* Sheryl 0428 271 743 or Kath 0401 732 129

**Qld – Carseldine** **1st/3rd Tuesday of month: 5 & 19 Feb; 5 & 19 Mar**
Shop 3, 521 Beams Rd, Carseldine (room in Aust Red Cross). *Enquiries:* Emily 0407 450 188 **(7 – 9 pm)**

**Qld – Nerang** **1st/3rd Monday of month: 4 & 18 Feb; 4 & 18 Mar**
Girls Guides Hall, 40 Ferry St, Nerang. *Enquiries:* Dom 0419 689 857 or (02) 4782 9222 **(7 – 9 pm)**

**VIC – Bendigo** **Wednesday every fortnight: 13 & 27 Feb; 13 & 27 Mar**
Neighbourhood House, 21 Neale St, Bendigo. *Enquiries:* Nathan 0407 450 188 **(7 – 9 pm)**

**VIC – Geelong** **Wednesday every fortnight: 13 & 27 Feb; 13 & 27 Mar**
The Swanston Centre, cnr Myers & Swanston Sts, Geelong. *Enquiries:* Debbie 0412 382 812 **(7 – 9 pm)**

**VIC – Glen Waverley** **Thursday: 7 & 21 Feb; 7 & 21 Mar**
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)