

Insight Newsletter APRIL/MAY 2003

Insight is a six weekly newsletter for **Family Drug Support** distributed to subscribers.

Contributions to Insight do not necessarily reflect the opinions of Family Drug Support or its Committee.

Need For FDS In The Criminal Justice System

The following article by Paola Totaro in the *Sydney Morning Herald* highlights that the families of people in the criminal justice system face huge problems, lack of support and great prejudice. Also included are readers' letters to the *SMH* in response to the article.

FDS is planning to extend its services into the criminal justice arena, and therefore have commissioned a needs assessment and report. We then aim to establish specific support services for families that have these additional problems.

Unfair To Punish Kids For Parents' Transgressions

Paola Totaro

State politics is not an area which often evokes high emotion, let alone white-hot fury. But this week, two telephone calls served as a brutal reminder that there are some areas of state administration which require constant vigilance and in this case, not only immediate exposure but loud and insistent demands for an answer.

It began simply. Brett Collins, a dedicated and energetic activist for the rights of prisoners and jail reform, rang to raise the plight of three young children, a boy aged 12 and his two sisters, eight and 10. Their mother, an Aboriginal prisoner, has nearly finished serving a five-year sentence for armed robbery, drug related as is so tragically often the case.

The children, in the care of their dad, also have a loving and smart grandmother and between them at least for the past few years they have ensured that they visited their mum every week, first at a jail in Sydney and more recently to a regional prison where she has been transferred.

A former prisoner, Collins is well known to anyone who has taken even a superficial interest in the administration of justice and penal reform in NSW. Freed in the early 1970s, he has worked tirelessly for more than three decades, battling to give a voice to the prisoners of this state, representing

the interests of those without electoral clout, questioning, investigating and shining light into the often shadowy and secretive jail system. Now an economics and law graduate with a postgraduate degree in criminology, Collins knows injustice better than most.

So, when he called to talk to me about these three children, I listened. And what I heard!that the children had been banned from the jail and had not seen their mother for nine months! was sad enough, but made much worse by what the so-called authorities tried to tell me. My first call, to the prison, was taken by the jail's governor who was helpful and said he would call back as soon as he had acquainted himself with the case. Shortly after, he left an apologetic message to say my queries had to go to the Corrective Services media unit. I was told to put questions in writing and so, by email, I asked for details of the policy which governs visit bans. I also asked why these children were being punished for what was an adult-driven breach.

The answers, provided by phone from media spokesman, Christopher Holcroft, unfolded like this. On July 16 last year, a 12-year-old boy was found by police to have contraband on him. A male adult in his company was charged with that drug-related offence. During the search, 10 Serepax and 10 Valium were found. Holcroft then read sections of the Summary Offences Act which details such breaches, commenting on the seriousness of the incident. I suggested that punishing children for the crimes of their parents was not, as far as I knew, on the NSW statute books.

A second call resulted in this: the children have not seen their mother for nine months because she has failed to respond to repeated requests to show cause why the kids should not be denied access, Holcroft said. When I returned to the premise stated above, Holcroft said: `Do you know this [sic] family . . . she's not the full quid.'

When I asked Holcroft if this observation could be quoted, he said no. This is the first time in 20 years that I have not abided by an off-the-record request.

I don't know the prisoner in question and I don't know what Holcroft meant by being the full quid. What I know is that this was a disgusting dismissal of a human being by a person in authority. Even if this prisoner was intellectually incapacitated, and this is not the case, surely this would cast even further doubt on the show cause demands.

Collins and the children's father were upfront about the breach and did not downplay its seriousness. However, what effectively happened is that two other young and innocent children, suffering due to the terrible circumstances their life has brought them, have been deprived of any contact with their mother and are distraught. Not long after the Herald's second call, Holcroft rang to say the children's visiting rights had been returned.

Collins says the random, arbitrary banning of visitors is a constant complaint.

Drug dogs smell something and even when a search reveals nothing, the visitor can be banned. Many women have filed complaints about this but getting an official response is rare, says Collins. Solid, loving support outside prisons is tragically rare and said to be one of the few indicators of post-sentence rehabilitation. Children of those who have been enmeshed in the merciless treadmill of addiction do not need further suffering. This week, Premier Bob Carr appointed a new prisons minister, John Hatzistergos, and renamed his portfolio Justice. Let's hope his administration lives up to the new name.

Advice On Children Of Prisoners Still Ignored

Paola Totaro highlighted the plight of three children of an incarcerated mother, and the unforgiving punitive justice system that was ignorant of the damage it was doing to these children ('Unfair to punish kids for parents' transgressions', Herald, April 7).

Last night, there were about 10,000 children in NSW who had one of their parents in jail. There are tens of thousands more children in NSW who have had a parent locked up at some point in their lives, and the number of children affected is growing with the rapidly expanding prison population.

The vulnerability and needs of these children were recognised by the NSW Government in 1997 through the Legislative Council report, Children of Prisoners.

Of the 97 recommendations made in this report, none has been implemented by the Government, and the thousands of children affected by parental incarceration remain silent and just as vulnerable.

Simon Quilty, Neutral Bay

When a mother goes to prison she serves a double sentence. Thank you for the white-hot fury expressed by Paolo Totaro.

If our community has learned nothing about the prison cycle and has no desire for rehabilitation then psychologically we are still back on the prison ship with our convict forebears.

May the new Justice portfolio be dazzling in its openness and firm in its resolve to support female prisoners with psychiatric or addiction problems and mindful of the splintered families they leave behind.

Jenny Forster, Balgowlah

Caring For Kids

The Paola Totaro's article ('Unfair to punish kids for parents' transgressions', *Herald*, 7 April). The welfare and safety of children of prisoners are of paramount importance to this department and this is reflected by a range of initiatives, including implementation of recommendations made by the standing committee on social issues' 1997 report on children of imprisoned parents.

These initiatives have included a significant increase in funding for the children of prisoners support group. Special accommodation has been provided for mothers and their children in custody. I have also formed a children of prisoners committee which has been in operation for 18 months.

Unfortunately, contact between prisoners and children can occasionally place children at risk. Where a parent or guardian is prepared to involve a child in trafficking of drugs to an inmate, the needs of children to have contact with the parent must be balanced against a child's protection and safety.

The department does not seek to punish children and in the case described, the department negotiated with the inmate for visits to occur in the company of their maternal grandmother.

A departmental media officer's off-the-record comments regarding the inmate were entirely inappropriate and regrettable. It does not reflect my own or the department's view.

I give an unequivocal assurance that I will continue to ensure the welfare and safety of children of prisoners will be foremost in our endeavours.

Ron Woodham, Commissioner

NSW Dept of Corrective Services

Insights Out

I think it is time to say that the last few weeks have a mixture of progress and disappointment for FDS.

Most importantly, we have received some extra funding from NSW Health, as well as winning a tender from the Department of Community Services in partnership with the Alcohol and Drug Information Service and Parent Line. The main effect of this funding!apart from resourcing our staff!will allow us to finally acquire extra telephone lines. Of course, we now need extra shifts off our volunteers and more volunteers (see volunteer training details enclosed).

Our pleasure at moving into our new home at 20 Page Avenue, Ashfield has been dampened by the fact that someone in the area has complained about our presence and has been door knocking our neighbours and telling them we

are running an injecting centre! The same person has complained to Ashfield Council and we now face a battle to remain here. Fortunately, the Mayor and Council are supportive and we trust that commonsense will prevail and we will be here for a while yet.

Our new 'Guide to Coping' is now available and is receiving a great response from all who have seen it.

We believe it is a truly unique and comprehensive kit and we want as many families as possible to have access to it. The official launch will take place at Parliament House on Wednesday 14 May at 2.30pm. We would like to see as many of our members and volunteers attend to show the strength and commitment of FDS.

We are planning a large family forum for the Saturday of Drug Action Week ! 28 June at Ashfield Town Hall. Please mark this in your diary; we will be inviting a great line-up of speakers.

On a personal note, the period from Christmas to the end of February is usually quite painful for me because Christmas, Damien's birthday and death anniversary make it a difficult time of the year. Damien died on 24 February and on 25 February this year my grandson Charlie was born. This has really brightened up this year for me and I look forward to playing a big part in his life.

Hoping to see you at one of the upcoming FDS events,

Tony T

Conviction
is a luxury
of those
on the sideline.

Anonymous

National Drug Policy Unchanged?

Is the Government's national drug policy unchanged?

In the February/March 2003 issue of *FDS Insight*, Tony Trimmingham posed the question: 'Has Australia's National Drug Policy Changed?' following statements by the Prime Minister, Bronwyn Bishop MP and others. Tony's (and many others') concerns revolved around whether harm minimisation, as a policy, had been abandoned or modified.

Evan Thomas wrote to both the Hon John Howard MP and Senator the Hon Kay Patterson, the Minister for Health and Ageing, seeking clarification on this and other drug policy matters. He received the following letter from the Hon Trish Worth MP, Parliamentary Secretary to the Minister for Health and Ageing, who has executive responsibility for the government's national drug policy. With Mrs Worth's permission, we reprint her letter in full. The letter is dated 28 March 2003.

Dear Mr Thomas,

Thank you for your letters of 15 January 2003 to the Prime Minister, the Hon John Howard MP, and 5 February 2003 to the Minister for Health and Ageing, Senator the Hon Kay Patterson, concerning the Government's current national drug policy. As Parliamentary Secretary with executive responsibility for this matter, I am responding on behalf of the Government.

There has been no change to the Government's approach to drug policy. Reducing drug related harm has been the key principle underpinning Australia's Drug Strategy since 1985. It was identified in the 1997 evaluation of the National Drug Strategy as one of the features contributing to its success.

Harm minimisation, as detailed in the *National Drug Strategic Framework 1998/99 to 2003/04* refers to the policies and programs aimed at reducing drug-related harm. Harm minimisation aims to improve health, social and economic outcomes for both the community and the individual, and encompasses a wide range of integrated approaches, including:

- C supply reduction strategies designed to disrupt the production and supply of illicit drugs;

- C demand reduction strategies designed to prevent the uptake of harmful drug use, including abstinence oriented strategies to reduce drug use; and

- C a range of targeted harm reduction strategies designed to reduce drug-related harm for particular individuals and communities.

Both licit and illicit drugs are the focus of Australia's harm minimisation strategy. Harm minimisation includes preventing anticipated harm as well as reducing actual harm and is therefore consistent with a comprehensive approach to drug-related harm involving a balance between demand reduction, supply reduction and harm reduction strategies.

The National Illicit Drug Strategy, 'Tough on Drugs', which is the current phase of the National Drug Strategy, is the 'overarching' approach to tackling Australia's illicit drug problem. The Strategy aims to reduce illicit drug use and the harm it causes. It is an integrated and balanced plan that addresses both the demand for, and supply of, illicit drugs. A basic tenet of the Strategy is that illicit drug use is highly dangerous, that there is no safe level of use and that abstinence should be the main objective of treatment.

A number of initiatives are being pursued under the National Illicit Drug Strategy with the support of the Australian National Council on Drugs. These include the Non-Government Organisations (NGO) Treatment Grants Programme and the Community Partnership Initiatives. The NGO Treatment Grants Programme provides funds to community treatment services to help drug users move towards a drug-free lifestyle. The Community Partnership Initiative helps communities build coalitions of community groups seeking to prevent illicit drug use at the local level. Overall, the Government has provided more than \$840 million for 'Tough on Drugs'. There is now clear evidence that the Strategy is working, with recent figures showing marked declines in drug overdose deaths and illicit drug use and marked increases in illicit drug seizures.

The Strategy builds on the 'social coalition' through a partnership between the Government and community. The Government values the significant contribution of organisations such as Family Drug Support, and the invaluable work of volunteers.

Thank you for your suggestion that the Government develop a White Paper on Government Drug Policy. The implementation of the National Illicit Drug Strategy is a shared concern of the Commonwealth and all State and Territory Governments, all of which have endorsed the National Drug Strategy Framework.

The National School Drug Education Strategy emphasises prevention and makes it clear that illicit and unsanctioned drugs have no place in schools. The Commonwealth Government has provided \$27 million to support new and innovative programs for students and training for teachers.

The Government does not condone illicit drug use. Harm minimisation recognises that while total abstinence from illicit drug use is the most desirable option, some people continue to use drugs, and accordingly, it is necessary to also minimise the harm drugs can cause.

Thank you for writing to the Prime Minister and Senator Patterson on these matters.

Trish Worth

One Policy Australia Cannot Afford To Abandon

Brian McConnell, President for Families and Friends for Drug Law Reform

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Website: www.ffdlr.org.au

Prime Minister Howard is opposed to it. Bronwyn Bishop says that it is dead. Bureaucrats have tried to define it away. Philip Emafo, President of the International Narcotics Control Board says it is a distraction from ridding the world of drugs.

But harm minimisation is far from dead. It is part of everyday life. For example we have road rules to reduce the harm from motor vehicles (ie drive on the left, driver licensing, seatbelts), helmets for cyclists, safety education in the home, temperature limiters to prevent scalding, etc.

In everyday life, harm minimisation is commonsense and automatically accepted but when related to illicit drugs, it draws strong opposition.

Australia's illicit drug policy is founded on prohibition, ie imposing strong criminal penalties for use, possession, selling and manufacture of drugs. Prohibition policies emerged in the 1930s through international pressure and continue today. Harm minimisation was introduced into Australia (and possibly conceived by Australia) much later in 1985 in an attempt to limit the spread of blood born viruses by issuing clean syringes to injecting drug users. By and large harm minimisation has been an attempt to ameliorate the harsh effects of prohibition.

Some argue that the introduction of the harm minimisation practice of issuing clean syringes has promoted drug use. But the facts show this not to be true. For example, statistics show a steady exponential upward trend for overdose deaths from 1979 to 1999! on average doubling about every 5.8 years. That upward trend has been unaffected by any policy introduced during that time, including harm minimisation. (Noting, of course, the reduction in deaths since 1999 caused by a shortage of heroin which was caused by . . . (but that is another issue and something for a different discussion).

Meanwhile, Australia can boast one of the lowest HIV infection rates because of its needle and syringe program (NSP). A recent report commissioned by the Commonwealth Department of Health and Ageing said: `In cities that had ever had NSPs, there had been an average annual *decrease* in HIV prevalence

of 18.6%, compared with an average annual *increase* of 8.1% in cities without such programs.' [My emphasis]

There are many harms caused by drug use. Some are directly related to the drugs themselves and others are from attempts to stop their use. Identifying harms in these two groups spotlights implications for drug policies.

The intrinsic harms of the drugs include addiction, overdose, the long and short term effects on the brain and body, family disintegration and so on.

Harms caused by prohibition laws include the lack of quality control (because the black market is unregulated) contributing to overdose or to consequential health problems, using in risky locations, risky methods of use, transmission of blood born viruses, high drug price leaving little money for food and shelter and leading to financial ruin, imposition of criminal records which affect users' future. There are also harms to society such as crime and corruption, diversion of resources away from health and welfare to law enforcement, family disintegration and so on.

The prejudicial effects of prohibition are even more insidious. Judge Judy when visiting Australia advocated handing out dirty syringes to infect and kill drug users. Major Watters, Chairman of the Australian National Council on Drugs wants to lock up the drug addicted until they are cured: 'It's surprising what a wake-up it is when the cell door clangs shut. It's a great motivation,' he said in February 1999. Overseas, death squads in Thailand (thought to comprise Thai police but denied by that government) have so far murdered over 1,400 suspected drug traffickers which the United Nations Drug Control representative in that country appears to condone. Talk-back-radio callers want the same to apply in Australia. Despite what one thinks about drug dealers, the rule of law, should prevail.

So far, Prime Minister Howard's 'Tough on Drugs Strategy' has not adopted any of these extreme approaches. Although it did have a brief flirtation with zero tolerance in schools!and some schools,

with government applauding from the sideline, expelled children caught with illegal drugs.

About one third of all current school children have tried cannabis. Thus 'zero tolerance' in schools could have meant about 400,000 Australian children separated from a vital tie with their community, under-educated, unemployable, and with a great deal of time on their hands. Fortunately that heavy-handed aspect of the 'zero tolerance' in schools policy has been withdrawn.

Prohibition policies are counter-productive. Prohibition of drugs created the black market. Its enormous profits now drive the drug market and promote drug use. The lack of past success in stopping this black market suggests that

it is beyond the ability of governments to control.

Any progress made in finding better ways of dealing with drug problems has not been by additional prohibition measures but by harm minimisation strategies. Harm minimisation is a philosophy that is protecting all Australians from the excesses of prohibition policies. It is one which Australia cannot afford to abandon or to allow to be removed by stealth.

Needling Issues

Sydney Morning Herald 6/3/03

Recent analysis of data from 103 cities around the world show needle exchange programs have been effective in reducing HIV infection. In cities without such programs, HIV infections rise by an average of 8 percent a year. In cities with such programs, HIV incidence is dropping by 18 percent a year. Now there is news from the *Medical Journal of Australia* that hepatitis C infection rates are still increasing despite needle exchanges. Why? It seems hepatitis C is more infectious than HIV and most drug users already had hepatitis C when needle exchange programs were introduced in the late 80s, although most did not have HIV.

Party Time

Evan Thomas

How many of us have sons, daughters, grandchildren, nephews or nieces who now go, or will go, to parties? Most of us, I guess. We know drugs will be on offer practically everywhere. And kids being kids will accept them, handing over their cash.

What are our duties as responsible parents, grandparents, uncles and aunts, in this age, knowing something (perhaps only a little) of the risks? If I were asked, my immediate response would be: Bring *yourself* up to speed on the risks involved. The real risks, not the alarmist propaganda put out by the 'just say No groups'.

Once we have acquired the latest factual information, we need to convey it to our party-going offsprings or their parents. The party-goers will naturally already know it all, just as we did when we were their age. They may not be receptive to: (i) a perceived invasion of their private party space; or (ii) attempts to convey antiquated drug knowledge to the most up-to-date, best-informed source in the Southern Hemisphere.

What might be the other tactical options? Obviously, it depends on the age of

the said party-goer. Statistics indicate that users of party drugs are commonly around 25 and are well-educated. Probably they *do* know enough to safeguard their health. Clearly, it's the school-age kids (and their parents) who should be our target.

My suggestion is to find out if the kids (or parents) know of a website called www.enlighten-hr.org/main.htm and encourage them to log-on. Naturally you will have checked it out for yourself to ensure it meets your requirements!and it will be part of your learning exercise.

Enlighten is a volunteer organisation dedicated to raising safety awareness in the dance community. It is an organisation founded and run by 'people like you' to quote from the website.

The chief mover and shaker at Enlighten is Mr John Davidson who created great interest at the recent National Drug and Alcohol Research Centre (NDARC) Party Drug Symposium. His grassroots organisation provides data sheets on ecstasy, GHB, LSD and substance test kits. Knowledge about responsible substance testing is absolutely key information as will become evident when you explore more comprehensively the party drug story.

Enlighten provides free substance testing at events and sells test kits.

You can obtain information on ecstasy, speed, cocaine, benzos and alcohol from our website too: www.fds.org.au If you or your family lack access to the internet, contact us and we will mail you a hard copy on the subject or phone NDARC on (02) 9385 0333.

What You Wanted To Know About Party Drugs But Were Afraid To Ask Your Children

Evan Thomas

PART 1: ECSTASY

The use of ecstasy and other party drugs appears to be increasing in Australia! from 2 percent in 1995 to 6 percent in 2001, i.e. around 12,000 Australians.

There are reports of increased use and availability of ketamine, GHB and more potent forms of methamphetamine and anecdotal information on the use of antidepressants and Viagra.

Under the heading of 'party drugs' are ecstasy, speed, crystal, cocaine, LSD, ketamine and GHB. Party drug users tend to use recreationally. They seldom attend treatment services or come into contact with law enforcement. And contrary to media reports, the vast majority of party drug users do not experience significant negative consequences.

Surveys indicate that media sensationalism and inaccurate warnings have caused young people to disbelieve any of the messages that are given to them about the dangers of ecstasy and other party drugs.

Users believe that ecstasy is relatively harmless!the possibility of death is rare, but it can happen.

There are a range of other harms linked to the drug, that is, dehydration, overheating and interactions with other drugs!and little is known about the long-term effects.

Ecstasy!MDMA!Pills!Methylene-dioxymethamphetamine

Eighty percent of E tablets sold here contain no MDMA at all. Most tablets that do contain MDMA are imported. Fake E tablets, often called 'Pills' are locally manufactured methamphetamine (speed) tablets that are sometimes mixed with other drugs such as ketamine in an attempt to mimic the effects of MDMA.

Pills vary widely in terms of purity. They are readily available and cost \$30!40 each. Usage of E and Pills has trebled since 1995.

The effects of MDMA diminish as tolerance builds up quite quickly. As a consequence, E users frequently use other drugs such as ketamine (K), GHM (G) and crystal (high purity methamphetamine) to enhance the effect. Reasons for usage of other drugs are:

- C Ketamine increases hallucinogenic qualities
- C GHM increases euphoric/empathic effects
- C Crystal maintains the buzz, as well as sexual drive

New trends in ecstasy use are:

- C Viagra and ecstasy
- C Antidepressants and ecstasy (Nardil, Parnate and Aurorix)!dangerous due to the possibility of hypertension
- C Prozac and Zoloft!the mental effect of a psychoactive drug on someone prescribed antidepressants could make matters worse

The following is a recent study reported in the media:

'*Dope Lessens Ecstasy Harm*'

The harmful effects of ecstasy on the brain cells and people's moods could be lessened by smoking cannabis at the same time.

There may be harmful effects associated with combining the two substances that the study did not monitor.

Combining drugs could be dangerous and have unintended consequences. It is not a rational approach to attempt to safeguard your health by taking two drugs instead of one.

Acknowledgement: Paul Dillon, National Drug and Alcohol Research Centre, Party Drugs Symposium, 20/2/03.

<http://ndarc.unsw.edu.au/ndarc.nsf/website/News.symposium>

Part 2 (ketamine, GHB, speed, crystal, cocaine, LSD) follows in the next issue of FDS Insight.

A Mother's Struggle

I am a mother of a girl who is drug addicted and who is working as a sex worker to support her habit. She is six years into her addiction and is 22-year-old. It has been a long, sad and difficult road for us all.

For the first four years, I tried to cope by myself, talking it through with friends and some family. I tried everything I could possibly think of. In the beginning, I don't think she thought it would catch up with her in the way it has. So there were times she seemed to want to change the path she had chosen and agreed to go to detox in the early days. Unfortunately, there wasn't much available. In one of those calls she made, she did get into a detox clinic. I went to see her there and after the first night she was asking to leave. Looking around, I could understand why it was hardly the kind of environment that would be conducive to rehabilitation.

The story is far too long and painful to tell of the roller-coaster and the decline of my daughter's life!and mine. I too have struggled with alcohol and drugs. As a young woman, I was addicted to heroin and other drugs. Alcohol had been a constant. Addictions ran in both sides of my daughter's family. However, for the first four years of her addiction I really believed that it was my responsibility to fix her problems because of my own past. I thought I could protect her and put a bandaid on every emotional pain she felt.

My daughter was four years into her addiction when I heard the Prime Minister say, 'While I am Prime Minister there will be no heroin trial.' I was furious and called my friend Maggie at SWOP (and my reasons for knowing her make another long story which I will save for another time). She put me onto Tony Trimmingham at Family Drug Support. I became a member and completed a 9-week course designed to give family members the coping skills

needed whilst continuing to give love and support to their addicted relatives. This was and still is invaluable to me. One of the most important things I learned was that we cannot and indeed are not supposed to fix or change anyone, and that love does not come with conditions or judgements.

I also went to a community meeting at Darlinghurst on the subject of *Violence and Mental Health*. People talked about muggings and junkies. Nobody mentioned the medically supervised injecting room. I decided to speak up and explained that I thought we needed more education and that I was sick of people's ignorance; that I was a mother of someone who is drug-addicted and how devastating that was and how disgusted I was to hear that people did not understand the good work that was going on in the safe injecting room; that after a home detox for my daughter, she walked out of the door with Naltraxene in her system. We both knew she was leaving to use and she was risking her life, and how relieved I was to find out the next day that she had gone to the medically supervised injecting room.

After that meeting, I made contact with *Rough Edges*, the group that had organised the meeting. Now I work as a volunteer with them, having completed the 8-week volunteer course. As I live in the Darlinghurst area and see my daughter almost daily, I have found that I need the hands-on support sometimes, especially when I see her going through drug psychosis brought on by her use of heroin and amphetamines.

I am writing this in the hope that my

story might touch someone else's life and help them reach out for the support they need, and also hope to give them the courage to have a voice without feeling guilt, shame or rejection, and the hope that many voices will help create the changes needed!more medically supervised injecting rooms, the heroin trial and many more detox units with long rehabilitation programs with people who don't only talk the talk but are prepared to walk the walk because the journey to recovery is long.

Anonymous

Congrats To Tony & Update On Qld

FDS Queensland was very fortunate to have Tony and Sandra here for approximately nine days, and we send a big thank you to them for giving us their time and expertise. We were able to congratulate Tony on becoming a grandfather while he was here and a welcome to little Charlie. Given Tony's busy schedule, we really appreciate the interest and help he has shown during our endeavour to establish FDS in Queensland.

During Tony's visit we completed a phone line training course. Tony, Sandra and Carmel met with many Government, Council and NGO representatives. We hope for positive outcomes from these meetings. We are now working towards our next mile stone!our first *Stepping Stones* course. This course will be held at Drug Arm premises, 83 Castlemaine St, Milton on two weekends; 31 May and 1 June from 10am to 4pm and 14/15 June from 10am to 4pm. This is something quite a number of people have been looking forward to with great anticipation.

Drug Awareness Week is coming up and we are working on plans to launch our terrific 'Guide to Coping' in Queensland during that week, holding other events that link with other similar organisations, and finishing with a big 'Family Day' on Saturday.

Carmel Clifford, FDS Member

Philosophy!A Lesson For All Of Us

A philosophy professor stood before his class and had some items in front of him. When the class began, wordlessly he picked up a very large and empty mayonnaise jar and proceeded to fill it with rocks, rocks about 2" in diameter. He then asked the students if the jar was full. They agreed that it was. So the professor then picked up a box of pebbles and poured them into the jar. He shook the jar lightly. The pebbles, of course, rolled into the open areas between the rocks. He then asked the students again if the jar was full. They agreed it was. The professor picked up a box of sand and poured it into the jar.

Of course, the sand filled up everything else. He then asked once more if the jar was full. The students responded with an unanimous 'yes'. The professor then produced two cans of beer from under the table and proceeded to pour their entire contents into the jar, effectively filling the empty space between the sand. The students laughed. 'Now,' said the professor, as the laughter subsided, 'I want you to recognise that this jar represents your life. The rocks are the important things!your family, your partner, your health, your children!

things that if everything else was lost and only they remained, your life would still be full. The pebbles are the other things that matter, like your job, your house, your car. The sand is everything else!the small stuff.'

` If you put the sand into the jar first,' he continued, ` there is no room for the pebbles or the rocks. The same goes for your life. If you spend all your time and energy on the small stuff, you will never have room for the things that are important to you. Pay attention to the things that are critical to your happiness. Play with your children. Take time to get medical check-ups. Take your partner out dancing. There will always be time to go to work, clean the house, give a dinner party and fix the disposal.'

` Take care of the rocks first!the things that really matter. Set your priorities. The rest is just sand.'

One of the students raised her hand and inquired what the beer represented. The professor smiled, ` I'm glad you asked. It just goes to show you that no matter how full your life may seem there's always room for a couple of beers.'

Families Fractured By Drug Use Lack Support

Australian National Council on Drugs Media Release!28/3/03

Major Brian Watters, Chairman of the Australian National Council on Drugs (ANCD) said, ` Drug use can, and does, cause deep divisions within families in Australia.'

At its recent meeting in Hobart, ANDC heard the disturbing situation facing many families who are trying to access information, service and assistance to cope with a drug-using member of their family.

Continuing, Major Watters stated, ` At the consultation forum in Hobart, I!and other members of the ANCD! were deeply touched by the commitment but also by the desperation of a number of grandparents who are caring for their grandchildren. Whilst there is obviously strong agreement within the ANCD about the need for services and support for drug users, there are also others who are affected by drug use and who also need and deserve our help.

Major Watters concluded, ` The emotional trauma being experienced by these grandparents who are trying to cope with their children's drug use is compounded by the responsibility of also caring for their grandchildren, often without appropriate financial! or indeed any other!assistance.'

At the Hobart meeting, the ANCD discussed priority areas for its new initiatives in the coming financial year. Given that families and family support have been consistently raised as major concerns in ANCD consultations, the

Council has made a commitment to make a significant contribution to try to improve the situation experienced by affected families.

Professor Hamilton, Director of Turning Point Alcohol and Drug Centre and Executive ANCD member, added, 'It is understandable that families may wish to be fully informed and involved in the treatment process. However, great care is required in equating the needs of the individual drug-user and those of the family. Given the potential welfare, child protection and other implications, the drug and alcohol sector has the capacity to play an integral role in ensuring an appropriate balance is maintained.'

Other members of the ANCD, Ms Tonie Miller (Toughlove, Tasmania) and Ms Julie Hanbury (Parent Drug Information Service, Western Australia) added, 'The situation where a parent discovers their child's drug use is frequently a crisis point. These parents often do not know where or to whom to turn, or how to access information and support. Very few treatment services cater for families and this is a critical issue for the drug and alcohol sector to address. Families are important in maintaining successful treatment outcomes for the drug-using person, however, they also need assistance in their own lives and require support to achieve stability.'

Volunteer Profiles

Hi, my name is Avo. I am an Armenian Australian. I have lived in Australia for 37 years. Over the last few years I have decided to change my career to focus on counselling. To help achieve this, I became a phone counsellor with *Lifeline* and studied various counselling courses. Recently, I decided to direct this experience into the field of drug support.

Although my community does not have a huge drug problem, there is still a problem. One aim of mine, with respect to FDS, is to gain the skills, knowledge and resources to help specifically the Armenian community, and generally anyone who has a drug problem.

Furthermore, as a member of the community, access will be readily available to those who have a problem. This is further achieved by the fact that I speak a number of languages.

I have been a volunteer with FDS for six months. The knowledge I have gained has been invaluable. An important thing that I have learned is that some parents have changed their views towards their children's problematic behaviour. An example would be their accepting their children's drug use. This is a valuable first step in helping their children change their problematic behaviour. It is valuable because the focus becomes the drug problem, not the person.

On a personal level, this information may help me if my children or if a family member develops a drug problem.

FDS provides a number of valuable services. They include providing knowledge about drugs, often to people who have no knowledge or experience of drugs. This knowledge includes information about drugs, how to recognise signs of drug use and agencies that may help them.

Another valuable service provided by FDS is that the family of the person with the drug problem has contact with other families with similar problems. From these meetings, the family learns that they are not alone, that FDS can help them and that other families are going through the same thing. Also, they can often learn helpful information from these other families.

Avo Kupelian

My involvement with FDS commenced when I saw an advertisement in our local paper for a volunteer training weekend in February 2002. It was quite an eye-opener for me as I had only a general level of exposure to the drug scene and was unaware that an organisation such as FDS existed.

I found some of the training familiar territory! a variety of techniques I had been exposed to previously but set this time against a substance user environment. The way Tony pulled it together into the one package was very appealing and, of course, the energy with which he delivered the seminar made it both thought-provoking and a valuable learning experience. I subsequently attended a number of complementary but independent training sessions in allied subject matters and the FDS Mulgoa retreat in August. The year culminated when I attended the *Stepping Stones* course from which I gained a tremendous burst of personal growth (and for which I shall be forever grateful).

The sheer variety in calls through the *Hotline* has kept me on my toes. While remaining comfortable with my role as a listener, I never quite know where the conversation with the next caller will take me. I have learnt to be prepared for anything and everything, and on the whole, I feel satisfied with my performance during the shifts.

After a year, I'm looking forward to bedding down my skills, acting as a group coordinator and attending ongoing training. It's been a great opportunity. Thanks FDS.

Evonne Slingsby, Canberra

News From Overseas

USA

White House Report Stings Drug Agency On Abilities

WASHINGTON: In an unusually harsh critique of an agency with a strong global reputation, the White House has questioned the ability of the Drug Enforcement Administration to stem the flow of narcotics and is threatening to give the agency its smallest budget increase in 15 years.

The agency 'is unable to demonstrate progress in reducing the availability of illegal drugs in the United States,' the Office of Management and Budget wrote in an assessment released this week as part of the budget plan. The agency lacks clear long-term strategies and goals, its managers are not held accountable for problems, and its financial controls do not comply with federal standards, the review found.

The findings raise uncertainties for the agency at a time when Washington expects it to enlarge its anti-drug role. That is because the FBI is moving 400 agents off drug cases to terrorism, and the drug agency is being asked to pick up the slack.

Officials at the agency and its parent, the Justice Department, said the agency was working to address many of the concerns in the report. They said the report was more a reflection of the agency's failure to communicate its successes than its ability to fight drug trafficking.

'It's not that we're doing things wrong or we've been ineffective,' a spokesman, Will Glaspy, said. 'It's more that we just need to do a better job of defining our accomplishments.'

Officials at the agency pointed to a growing number of seizures for some types of drugs along with the reduced purity of street drugs as evidence of their success in squeezing suppliers out of business.

Critics say that drug purity has increased and that drugs have become easier to buy than ever before. President Bush acknowledged in his report on drug strategy for 2002 that use among young people was at 'unacceptably high levels' and that 'in recent years we have lost ground' in reducing illegal use.

The report on the agency was one of 234 that the Office of Management and Budget completed for 20 percent of the programs and agencies as it tries for the first time to assign standards and criteria to budget review.

Officials stressed that the criticisms were not uncommon. Like the agency, half the programs reviewed received overall ratings of 'results not

demonstrated.'

Still, the severity of the report on the drug agency caught law enforcement officials off guard because of the agency's prominence, size and generally solid reputation in fighting trafficking. Unlike sister agencies like the FBI and the Immigration and Naturalization Service, the drug agency has largely avoided major scandals and calls for reform from members of Congress. It has enjoyed generally strong support on Capitol Hill, and its former director, Asa Hutchinson, who left last week to join the Homeland Security Department, was popular among conservatives in Congress.

With that support, the agency has seen its budget more than double since 1995, according to the Justice Department. But in the White House budget released on Monday, the financing is to remain essentially flat at \$1.56 billion.

Its growth of less than 1 percent is dwarfed by increases in financing at other law enforcement agencies of 10 percent or more. Mr. Glaspy said it represented the smallest increase for the agency since 1988.

The performance assessments for the drug agency and other bureaus `were one factor, but clearly not the only factor in funding decisions,' said Trent Duffy, a spokesman for the White House on the budget.

The overarching concern in financing law enforcement, officials said, is the need to make counter-terrorism the top priority. The Bush administration has sought to link drug use to the threat of terrorism, and other Justice Department drug enforcement programs received proposed increases of up to 10 percent in the budget. But the drug agency will be asked to scale back spending in areas like community enforcement even as it seeks to add agents on the street, officials said.

`When you're fighting a war against terrorism, there is not an infinite amount of money to go around,' an official at the Justice Department said. `We are putting significant funds into the war against drugs. But we have to be realistic as to what we can afford.'

Critics said the critique of the agency was long overdue and could start a debate about how the war on drugs is working.

`The emperor has no clothes,' said Eric F. Sterling, the president of the Criminal Justice Policy Foundation in Silver Spring, Md, and a specialist on drug enforcement. The White House report `should really shake up our national revelry with drug enforcement and generate a major re-evaluation of our anti-drug efforts.'

Ethan Nadelmann, executive director of the Drug Policy Alliance, a group in New York that promoted alternative policies, said he was `pleasantly surprised' by the findings.

'Typically,' Mr Nadelmann said, 'the DEA has gotten a pretty free ride. Nobody was really held to account for the issue of reducing overall drug use. But this suggests some measure of seriousness about actually putting in a set of real criteria.'

Eric Lichtblau

United Kingdom

UK Government Complains About Friendly Fire From INCB

The following letter from an official representative of Her Britannic Majesty's Government does not do wonders for the credibility of the INCB. Many drug law reformers would have written a very similar letter. Is it possible perhaps that the INCB is entirely unclad?

!Alex Wodak

Bob Ainsworth was not very happy with the INCB report this year!an unhappiness he shares with other promoters of changes to facilitate access to cannabis. Below follows the text of the letter sent by Bob Ainsworth to the Secretary General of the INCB, Herbert Schaepe.

Publication Of The International Narcotics Control Board Annual Report

I am writing on behalf of the United Kingdom Government to record its dismay at comments made in the International Narcotics Control Board Annual Report about the Government's decision to reclassify cannabis. In particular, the alarmist language used, the absence of any reference to the scientific evidence on which that decision was based, and the misleading way in which the decision was presented by the INCB to the media.

I should make it clear that the UK Government is absolutely committed to tackling the scourge of drugs, and to working in the international arena to develop effective policies and approaches to these issues. In its recently updated strategy, the Government announced that it was increasing its investment in tackling drugs from •426 million in this financial year to nearly •1.5 billion in the year starting April 2005. We have developed a full range of policies, based on evidence of what works, including tackling supply routes and middle markets, targeting action on the most dangerous drugs and on problematic drug misusers, providing effective education and support for young people and getting misusers into treatment.

The decision to reclassify cannabis was based on scientific advice from the Advisory Council on the Misuse of Drugs, following their detailed scrutiny of all the available scientific and research material. The Council's report is available

on the website at www.drugs.uk/ReportsandPublications/DrugSpecific and I urge the Board to study it very carefully. As you will see the Advisory Council concluded that cannabis is unquestionably harmful, but that its current classification is disproportionate both in relation to its inherent toxicity, and to that of other substances (such as the amphetamines) that are currently within Class B of the Misuse of Drugs Act 1971. It therefore recommended that it be reclassified to Class C under the Act. I would find it extraordinary if the Board thought that the UK Government should have ignored the science and based our decision on what people in some quarters might think. As we have made clear, cannabis will remain an illegal drug, and the Government will continue to publicise its illegality and the health issues around it.

It does great damage to the credibility of the messages we give to young people about the dangers of drug misuse if we try to pretend that cannabis is as harmful as drugs such as heroin and crack cocaine. It quite clearly is not, and if we do not acknowledge that by ensuring our drug laws accurately reflect the relative harms of drugs, young people will not listen to our messages about the drugs which do the greatest harm.

It is the misuse of Class A drugs which leads to a cycle of crime, social exclusion and misery. The reclassification of cannabis will therefore enhance the effectiveness and credibility of our drug laws as a whole, and thereby facilitate delivery of the Government's key messages on drugs education to young people. It will also help the law enforcement and treatment agencies to focus their efforts on the most harmful drugs and on problematic drug misusers.

Against this background, the comments made in your report, your selective and inaccurate use of statistics, and failure to refer to the scientific basis on which the UK Government's decision was based all add up to ill-informed and potentially damaging messages.

This was compounded by the way in which the Board presented the cannabis reclassification decision to the media at the launch of its annual report on 26 February. For example, the Board representative is quoted as having said that we might end up in the next 10 or 20 years with our psychiatric hospitals filled with people who have problems with cannabis, and that a recent study by the British Lung Foundation found smoking three cannabis joints caused the same damage to the linings of the airways as 20 cigarettes. These are totally misleading statements.

In its report on cannabis, the Advisory Council on the Misuse of Drugs concluded on the basis of all the available evidence that, although cannabis use can unquestionably worsen existing mental illness, no clear causal link has been demonstrated between cannabis and the onset of mental illness. As to the health risks arising from smoking, the Advisory Council report made clear that while smoking cannabis may be more dangerous than tobacco, it needs to be set within the context that in general cannabis users smoke fewer cigarettes per day than tobacco smokers and most give up in their 30s, so

limiting long-term exposure.

My officials who will be attending the UN Commission on Narcotic Drugs in Vienna in April will be taking the opportunity, when the INCB report is discussed, to intervene to correct the extremely misleading picture which your report, and its presentation to the media, have painted.

Finland

Drug Policy Statements By Green Politicians Spark Strong Reactions

Finnish Green MEPs sign appeal for review of UN Conventions on Drugs. News that the Finnish Green Members of the European Parliament, Heidi Hautala, and the other Finnish Green MEP, Matti Wuori, are among the signatories of an international appeal calling for a revision of the United Nations Conventions on Drugs has sparked intense reactions in a political climate already heated up by the upcoming elections.

The focus of the appeal is the perception that drug policy based on prohibitions and criminal sanctions has been a worldwide failure.

Hautala, who is running for the national Parliament in the March elections, told Helsingin Sanomat on Tuesday that she is opposed to punishments for drug users, and that the focus of criminal justice should be on drug trafficking.

She also said that a change in policy would make it possible to introduce heroin maintenance programs for the most hard-core addicts. Hautala described Finnish debate on illegal drugs as 'paranoid', and disproportionate to the measures needed to fight the problems related to alcohol.

She said that the harm caused by alcohol and illegal drugs should be examined by the same criteria. 'In this respect, the UN Conventions have a completely unscientific basis,' Hautala says.

An earlier statement made in a television debate by another Green Parliamentary candidate, the party's youth organisation leader Markus Drake, has sparked a good deal of controversy within the party and outside.

Drake came out openly in favour of the legalisation of cannabis. Later, Party Secretary Ari Heikkinen issued a statement according to which the majority of Finnish Greens feel that the legalisation of cannabis would lead to an increase in the use of drugs.

The recent statements by Finnish Green politicians on the drug issue have sparked sharp reactions among leading figures in the Centre Party, the Swedish People's Party, and the Christian Democrats.

Centre Party Vice Chairman Matti Vanhanen denounced the stand taken by Wuori and Hautala as 'irresponsible'. He indicated that lifting criminal sanctions would undermine parents' efforts to persuade their children to stay away from drugs.

Swedish People's Party chairman, Defence Minister Jan-Erik Enestam felt that the Greens' attitude is weak.

'We must do everything to fight attitudes that would make the use of drugs appear acceptable,' Enestam said.

The Swedish People's Party is in favour of needle exchange programs and drug substitution therapy for addicts, but is opposed to allowing the use of drugs.

However, one of the signatories of the appeal signed by MEPs Hautala and Wuori is Gunnar Jansson, who represents the autonomous Aland Islands in the Finnish Parliament, and who is a member of the Parliamentary group of the Swedish People's Party.

Jansson said that he is in favour of the Scandinavian tough line on drugs, and that he signed the appeal because he wants to encourage debate at the UN conference on the issue later this year.

Christian Democratic MEP and Party Secretary Eija-Riitta Korhola said that it is good that the 'Greens' general line on drug policy' is coming to the attention of the electorate before the elections.

'It has been evident in Europe for a long time that the Greens' attitude toward drugs is permissive!at times even positive.'

In Korhola's view growth in organised crime has not been stemmed in countries with a liberal drug policy.

H. Sanomat, *Finland International Edition*

Indonesia

Mixed Reactions To Capital Punishment

Families of drug addicts were split over the death sentence for drug dealers while legal experts agreed that capital punishment was appropriate given the menace they pose to society.

Arisanti, 30, a sister of a drug addict, said she agreed with capital punishment for drug dealers as it would act as a deterrent for others. 'If the punishment was only physical imprisonment, there is still a possibility that a convict could

bribe a guard to get them out of prison,' she told The Jakarta Post.

She said that considering the suffering her family had gone through because of drugs, the death penalty was justified. 'My brother has been addicted to heroin since 1998 and has gone through a lot of suffering,' she said, adding that despite all the treatment her brother had undertaken he remained a heroin addict.

She said her brother had lost his job because of heroin, and once also spent five months in prison. 'He is now a living skeleton who needs a constant supply of heroin,' Arisanti said.

Oktaviani Prisilia, 22, who has friends who are addicts, contended that the death sentence was too severe as it left no chance for the convicts to be absolved.

Recently, President Megawati Soekarnoputri rejected requests for a pardon by six convicts on death row, including a drug dealer, a move that was supported by Muslim leaders.

The death sentence, however, has been increasingly criticised by rights activists, who warn of the risk of error.

Executions became standard fare in the country following the abortive coup in 1965, blamed on the Indonesian Communist Party (PKI). Since 1978, at least 38 people have been officially executed by the state, mostly political prisoners.

Despite mounting support and pressure on the government to execute convicted drug dealers on death row, Malaysian national Chan Ting Chong alias Steven Chong, who was sentenced to death in 1986 by the West Jakarta District Court for heroin possession, is the only person to be executed by firing squad for drug-related offences so far. He was executed in 1995.

Currently there are 16 convicted drug dealers on death row.

Henri Yosodiningrat, a lawyer who founded the Anti-Narcotics National Movement (Granat), said that drug dealers deserved to be executed as they bring disastrous consequences to the country's youngsters. 'Currently, four million people in Indonesia are addicted to drugs, while 1,000 people die annually from drugs,' he told the Post.

Henri was quick to remark that drug abuse was also responsible for the increase in crime in the country.

He said the death sentence should be imposed on traffickers regardless of the amount of drugs illegally traded.

Adding that drug dealers were often part of an international syndicate, he said: 'Even if drug dealers are not caught red-handed, they still deserve severe punishment based only on testimony from witnesses,' Henri said.

Harkristuti Harkrisnowo, a legal expert from the University of Indonesia, said the death penalty was appropriate for drug dealers as it would deter others from committing such a crime. 'Drugs cause damage to youngsters, therefore the death sentence is worth the negative impacts,' she said.

Although Harkristuti was ambivalent about the effectiveness of the death sentence for other major crimes, she agreed that if all legal proceedings had been undertaken in the case of drug dealers, they should be immediately be executed.

On the part of the convicts, they can only become resigned to the fact that they will soon have to face a firing squad, while pleading for clemency.

'I will plead for a reduced sentence so I can do good deeds for my mother,' one of the convicts, Edith Yunita Sianturi, said in deep remorse.

Taufiqurrahman/Kurniawan

Jakarta Post, 8/2/03

Thailand

Death Squads Target Drug Users

On 1 February, Thailand's Prime Minister Thaksin Shinawatra significantly upped the stakes in the war on drug users, resolving to make Thailand 'drug free' within three months.

Given the level of drug use and distribution in Thailand, this will be a massive undertaking. Of the 62 million people living in Thailand, 5.9% aged 15 or over are reported to be users of amphetamines. Between 500 million and 700 million amphetamine pills are imported annually from drug laboratories located in Burma.

Thailand has long been known as the centre of the 'Golden Triangle', the focus of South-East Asian heroin production. While many of the illicit networks involved in heroin production have now shifted to the production of methamphetamine, heroin remains a big part of the Thai drug market.

Grand government promises to create 'drug-free' cities, provinces or countries are common. What makes the Thai campaign appallingly unique is the methods being employed by the Thai police force under the government's orders.

The official strategy calls for the systematic round-up and imprisonment of all drug users and dealers. The campaign is being coordinated from the district level, with the prime minister threatening demotions and disciplinary action against ranking police officers who do not meet its targets.

Senior police claim that dealers will be given the chance 'to be converted' and addicts will be 'weaned off their habits'. According to reports, at least 50,000 drug users have turned themselves in to the police. How the Thai regime will deal with such a demand on detox services is unclear; it is very likely users will be crammed into prisons, probably renamed as 'hospitals', and subjected to mandatory withdrawal with little or no medical assistance or supervision.

The reason for the surrender by so many users becomes clear when the 'unofficial' elements of the campaign are examined. 'Drug dealers' are being murdered across Thailand; a BBC report on February 14 stated the death toll was 350 in two weeks!more than 25 murders a day.

The police have taken responsibility for a small number of the deaths, claiming that they occurred when the police acted in 'self-defence'. The police claim the majority of killings result from inter- and intra-gang attacks, supposedly sparked by fears that those murdered were about to inform on drug gang activities to the police.

However, a number of prominent human rights groups have described the murders as extra-judicial executions. Somchai Homlaor, secretary general of the Asia Forum human rights group, stated: 'The only sensible conclusion is that the police are sending out death squads.'

Amnesty International has also protested against the killings. Director of Amnesty International's Thailand office Srirak Plipat said: 'The government has implied through its policy in the anti-drug campaign that the authorities can use extrajudicial means to go after drug traffickers . . . The government is taking the campaign very seriously, and [has conveyed that it] will use violence to pursue it.'

Unfortunately, Amnesty is only protesting against the 'excesses' of the government's policy. The organisation has stated that it does not oppose the drug-war policies of the Thai government, which has also resulted in the arrest of more than 6900 suspected drug dealers.

'This goes for the public, too. The people support the drug-control campaign but they are not endorsing the extrajudicial killings,' Srirak Plipat has stated in defence of Amnesty's position.

The systematic removal of liberty for around 60,000 largely disenfranchised Thais is surely a clear abuse of human rights, but Amnesty sees drug users only as 'criminals'!not bad enough to be shot willy-nilly, but certainly not

worthy of the support due to political prisoners. If it was any other social minority being rounded-up and dragged off, human rights groups would undoubtedly be describing the 'live-fire' phase of the Thai government's 'war on drugs' by its true description: human rights atrocities.

Drug-user activists and advocates of harm reduction strategies from around the world will converge on Chiang Mai, Thailand, on 6-10 April for the annual International Conference on Reducing Drug-Related Harm. The Thai government will no doubt be keen to show off its 'successes' in supply reduction.

Activists have resolved not to sit quietly in plush motels while Thais are being murdered in the streets outside. Solidarity actions are also being discussed by those not attending the conference.

M. Arnold, *Green Left Weekly (Australia)*

Invitation To Visit The Langton Centre

The Langton Centre, located in Sydney, is a clinical institute for treatment, training and research into addictive problems. The Centre hosts a visitors program on the first Thursday of each month at 12 noon for students, professionals and others interested in finding out more about its work.

The one-hour program provides the following:

- C Overview of the centre's services, philosophy and current research projects
- C Opportunity to ask experienced clinicians about the centre's activities
- C Visitors Information Pack of printed information about the centre
- C Tour of the clinical areas

And is ideal for:

- C AOD workers seeking a brief agency visit
- C Tertiary students seeking a brief AOD agency visit
- C Orientating new staff to AOD services in the South Eastern Sydney area

The visitors program is free, however, bookings are essential. To book, please contact:

- C Natalie Smith (SmithNa@sesahs.nsw.gov.au)
- C Ana Quezada (QuezadaA@sesahs.nsw.gov.au)
- C Phone (02) 9332 8777

Thanks, FDS

I received your monthly letter and wish to take this opportunity to thank you for the past and present assistance and support you have shown me. It has helped me tremendously with the situation that I experienced with my son.

Fortunately for myself and my family, my son is now clean and has been for the past 12 months, employed and is future orientated. This has partly come about through a lot of hard work, shall I say, and the assistance from the education and information your support group gave, especially through your *FDS Insight* booklet. The sharing of

experiences, those who worked and those who didn't was an integral part of our journey.

We, as a family, are now relocating to a new area as a result of an employment opportunity. The move is a positive one and a new chapter in our lives. Subsequently, I have decided at this stage not to renew my subscription, however, in the future I may wish to do so.

Once again, thank you for assistance and I wish you well for the future and keep up the good work and it is a lifeline for some families.

Sandra G, Mulbring

Hep C Helpline

A free and confidential service providing information, support and referrals for people affected by hepatitis C and for health care professionals

Sydney metropolitan area Other NSW callers

02 9332 1599 1800 803 990

TIMES: Monday 9am!8pm; Tuesday!Thursday 9am!5pm; Friday 10am!5pm

Recorded information and message service available outside these hours

Prisons Hep C Helpline is available in NSW prisons

A service of the Hepatitis C Council of NSW

www.hepatitisc.org.au

NSW Hep C & Prisons Hep C Helplines

It is estimated that 210,000 people in Australia have the hepatitis C virus, with an estimated 16,000 new infections a year. Up to 80% of people will develop a chronic (long-term) hepatitis C infection. The virus is transmitted via blood-to-blood contact, the highest risk being when equipment used to inject drugs is shared. Moderate to low risk modes of transmission include unsterile tattooing and body piercing, needle stick injuries, blood product transfusions in Australia prior to 1990 and transmission from mother to baby.

Most people with chronic hepatitis C will develop some symptoms, ranging from mild to severe, after approximately 10!15 years. Symptoms most often present as fatigue, nausea, muscle aches and pains, abdominal pain and loss of appetite. For some people these symptoms are debilitating and can result in serious personal distress. Problems arising from the symptoms, such as an inability to work, can place a great deal of stress on those infected with the virus, and their families and friends.

The Hepatitis C Council of NSW is a community organisation primarily funded by the NSW Health Department. The Council's Hep C Helpline and Prisons Hep C Helpline telephone information, support and referral services provide callers with a confidential and non-judgemental setting to discuss hepatitis C, its possible effects on health and the everyday worry of living with a chronic condition. The Helplines also provide detailed information for health care workers and correctional staff seeking clarification about hepatitis C issues.

In July 2001 the Hepatitis C Council, in collaboration with the NSW Department of Corrective Services and NSW Corrections Health Service, opened the world's first Prisons Hep C Helpline for prisoners, their families and correctional staff in NSW.

A wide selection of written resources is available from the Helpline, details of which can be obtained by visiting the Council's web site www.hepatitisc.org.au or by calling the Helpline. All callers are offered a free hepatitis C information pack. In addition we also offer a free video, cassette tape and book library loan service.

When can you access the Helpline?

Telephone information and support workers for the Hep C Helpline and the Prisons Hep C Helpline are available the following hours:

C Monday: 9am!8pm

C Tuesday!Thursday: 9am!5pm

C Friday: 10am!5pm

The Helpline may also be closed during specific holiday periods. Outside of these hours an up-to-date recorded information service is available. Helpline workers can return your call if requested, however this option is not available to prison inmates.

9332 1599 (Sydney callers)

1800 803 990 (other NSW callers)

Attention: FDS Hornsby Shire Members

Members or their friends, rels, etc. who live in the vicinity of Hornsby NSW and who would like to become involved with a community organisation concerned with the prevention and treatment of drug-related matters, please raise their hands. A Community Drug Action Team (CDAT) is to be established with the support of the Hornsby Council. Members are being sought who have a particular interest in drug matters!legal or illegal!and who espouse the principles of harm minimisation and who are prepared to contribute some of their time.

The local contact is:

C Mr David Johnston, Youth Services Coordinator, Community Services Branch, Hornsby Shire Council on phone (02) 9847 6779; email djohnston@hornsby.nsw.gov.au

For more information on CDATs, ring:

C (02) 9228 3731 or email korny@premiers.nsw.gov.au

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Sold At 12: Nightmare Ends In Death

Leonie Lamont, *Sydney Morning Herald* 13/3/03

Puangthong Simaplee arrived in Australia as a 12-year-old sex slave. She died 15 years later in a pool of vomit at the Villawood Detention Centre.

She was being held there after immigration officers picked her up when they raided a Sydney brothel.

A coroner's inquest into her death has been told the 27-year-old Thai woman, who weighed only 38 kilograms, died from pneumonia and malnutrition.

In the three days between her detention and death in September 2001, Ms Simaplee was receiving medication to alleviate withdrawal symptoms from her heroin addiction.

Michael O'Brien, the counsel assisting the deputy coroner, Carl Milovanovich, said it was a mandatory inquest into a death in custody.

'It is not an inquiry into Australian immigration policy, it is not an inquiry into the sex industry . . . It is an inquiry into the nature of the deceased's detainment . . . and how that detainment may have contributed to her death,' he said.

Mr Milovanovich gave leave for a women's advocacy group, Project Respect, to appear before the inquiry to assist with its knowledge of the sex trafficking industry. In a written submission to the coroner, the organisation said it was concerned that Villawood did not have adequate facilities for people withdrawing from drug use and was concerned about the centre's capacity to deal with survivors of sexual violence.

Project Respect said that Ms Simaplee was part of a targeted operation aimed at people-smuggling in the sex industry reported in the Senate. It asked why her case had not been referred to the Federal Police given that slavery and sexual servitude are crimes.

The officer in charge of the investigation, Detective Sergeant Neal Apolony, said it appeared Ms Simaplee came from a hill tribe in Chiang Mai province and had been sold by her parents as a 12-year-old and smuggled into Australia on a false Malaysian passport in 1986.

But despite being sold, Miss Simaplee still had dealings with her family. The officer said her boyfriend had provided details of her parents' phone number and bank account details in Thailand.

An Australasian Correctional Management (ACM) officer, Laura O'Halloran, said Ms Simaplee had been put in an observation room and checked every half hour. Ms Simaplee had been vomiting continuously, and the detention officers called nursing staff at different times.

Ms O'Halloran said that when she had accompanied Ms Simpalee to the clinic, the detainee was 'fragile, slow, very weak, she had to be held by the arm'. But, referring to the night of her death, she said: 'I didn't think she looked any worse this night than on the previous two nights.'

A health services manager with ACM, Janell Mulholland, said she had found nursing and medical observation records were incomplete. However, Ms Simaplee had been regularly checked and had not been neglected by the detention staff.

Under questioning by Edson Pike, counsel for ACM, Ms Mulholland said the issue of the management footing the costs of outside hospitalisation of a detainee had never been an issue. The inquest continues.

Greens And Drugs!"Loopy" Or "Logical"

Tony Trimmingham

The Greens' drug policy has drawn interesting response and reaction. Most media, including the expert in everything and 'voice of the people' Alan Jones, generally responded with horror!warning of the dire consequences of these policies ever seeing the light of day. Labor Premier Carr has called their policies 'loopy' but Opposition leader Brogden's response has been the most hypocritical. Maybe I shouldn't be surprised, but I do recall his seemingly compassionate response to drug problems in the past and I have been present at one public forum when he spoke in favour of the decriminalisation of drugs.

Our organisation supports and represents the families of drug users. We are the last people who would promote the increase in drug use or encourage the abuse of any substance.

Obviously, it is the legalisation word that has got everyone's knickers twisted. I don't support legislation. I think it opens too many unknown consequences. I don't think it would 'solve' our drug problem and I can't agree that because a lot of people do something, we should accept it as socially acceptable and a right. Nevertheless, I do feel strongly that all drug use should be decriminalised and there is a strong case for some forms of regulated provision of some substances!after sufficient clinical trials. I see no sense in jailing people for choosing to do something that others may see as destructive.

The Greens have done us a service in opening up a debate on this point and have at least put drugs on the election agenda.

Most of the comments regarding the Greens' policy has showed ignorance about several drugs and a simplistic attitude towards how to deal with the problems. Their heroin policy (injecting facilities, heroin trials) is one that many people in the two major parties and I support.

Use of sniffer dogs is something that is costly, invasive and achieves little.

The so-called `recreational' drugs cause most misinformation, particularly ecstasy.

Every weekend in Sydney, over 80,000 people use what they believe to be ecstasy. This is a broad population from 16-year-old students through to professional people in older age groups. These people would certainly not consider themselves criminals, nor equate themselves with injecting drug users or heroin dependants. Contrary to media reports, the vast majority of party drug-users do not experience significant negative consequences, although long-term consequences are pretty well unknown. About 75 percent of ecstasy users buy their pills from friends or acquaintances; 75 percent will have used alcohol as well as ecstasy; and 65 percent will have used cannabis as well as ecstasy.

The most amazing fact is that as much as 80 percent of the product bought contains no MDMA (the essential ingredient of ecstasy). This may be a good reason for regulating or at least making drug-testing equipment available to users as a harm reduction strategy.

So should we dismiss the policy as `loopy' as Premier Carr and others have done?

To my mind, while I am always cautious about taking steps that may take us too far, I cannot see this policy as `loopy' as the prohibition policies have failed dismally for the last 80 years or so in Australia and around the world.

Australian Customs Service At Their Best

**Ralf Gerlach, Deputy Director!Travel Resource Centre, Muenster
Germany**

Last night, a German methadone patient intending to visit his brother in Melbourne became the victim of airport customs officers on his arrival. Although the patient could well establish that he is entitled to have methadone in his possession by carrying with him a document from his prescribing medical practitioner which clearly supports his need for the medication and providing details of the name of the patient (including number of passport) and the name, form, strength and dosage of the medication and although the medication itself was clearly labelled by a pharmacist as being prescribed for the person named, the customs officers confiscated the methadone. The patient was interrogated by three customs officers at the same time for two-and-a-half hours, over and over again pressed to reveal where he has hidden 'the rest of the cocaine and heroin' and threatened with arrest. Without his brother intervening, the patient would have been arrested.

I do understand that regulation of the possession, import and use of methadone is the responsibility of the State and Territory Governments of Australia, that there may be some variation between customs jurisdictions in the details of the requirements, and that some States and Territories prefer methadone treatment patients to carry only a minimal amount of medication with them and enter a treatment program in Australia on arrival. However, I do not in any way understand why the German patient has been treated like a dangerous criminal with nerve-shattering interrogations, although he could clearly prove that the medication has been legally prescribed for his personal use for a serious medical conditions.

Together with the confiscation of the total quantity of methadone brought in and a threat with arrest, instead of leaving the patient at least one daily dose to bridge the time till being accepted for treatment with a local GP or clinic, I consider the officers' behaviour ('interrogation tactics') as being an offence against humanity and patient rights.

In all strictness, I protest against the arbitrary degrading and inhumane behaviour demonstrated by Victorian customs officers last night. This is in no way the kind of treatment people suffering from a serious disease deserve and yet another example of how the human rights of methadone patients are trampled on.

Bearing in mind the current war in Iraq and its attendant circumstances, I can't avoid raising the question whether a methadone patient from the USE or UK would have experienced the same ordeal . . . (?)

Book And Film Reviews

Book Reviews

MATTHEW FLINDERS' CAT

by Bryce Courtenay

publ: Viking

If you are a Bryce Courtenay fan, please do not read this quasi-review.

I know that Bryce Courtenay's books outsell any other author's work in this country, but I cannot for the life of me figure out why. So, from the start, I will warn anyone who is reading this that I was dismayed when Tony Trimingham handed me *Matthew Flinders' Cat* to review. I began as a biased reader and ended as a confirmed anti-BC.

The protagonist of the story is Billy O'Shannessy, an alcoholic derelict, an ex-barrister, and most of the action takes place in and around the seedy joints of Kings Cross. All sorts of really important issues are raised and explored: addiction, alcoholism, child exploitation, paedophilia and police corruption. Woven through the action is the story of a cat, 'Trim', the ship's cat on Matthew Flinders' voyages.

Bryce Courtenay has obviously performed the most amazingly meticulous research but it is in the author's attention to minutiae that I became annoyed. The book is 612 pages long, in dire need of pruning. There is so much irrelevant detail included that I skimmed much of the story, especially the 'Trim' sections, where the writing is lowest common denominator stuff and, in places reads more like a children's book, a few slabs of bad language notwithstanding. In fact, 'Matthew Flinders; Cat', despite its serious subject matter, comes across like a fairytale.

Elly Inta

UNDERSTANDING MARIJUANA: A new look at the scientific evidence

by Mitch Earleywine

Oxford University Press \$29.95

344pp, 2002

There has been a recent resurgence of interest in cannabis among the general public. This has chiefly been stimulated by possible medicinal uses, but

curiosity also persists about the cost-benefit ratio of its legalisation. This increased public interest has been paralleled by substantial advances in understanding the neurobiological basis of the actions of cannabis and endogenous cannabinoids. Unfortunately, our increased scientific knowledge of cannabinoid biology is not reflected in public policy decisions, at least in the United States. How can the interested layperson access this wealth of knowledge to make informed decisions? *Understanding Marijuana: a New Look at the Scientific Evidence* by Mitch Earleywine is the latest of several books aimed at presenting cannabis research to a broad audience.

Understanding Marijuana is divided into 12 chapters, each dealing with a particular facet of cannabis biology or a social question or issue. In his choice and weighting of these chapters, the author's background as a psychologist is evident. He is thorough in handling the topic of each chapter and critically evaluating individual studies.

Several memorable books in the cannabis field have been written with a definite 'pro' or 'anti' bias; Earleywine's tome is notable for its even-handed treatment of the subject. The book is written such that each chapter stands on its own. This makes the book well-suited for casual reading or for reviewing a particular topic. Earleywine does a thorough job of explaining the statistical limitations (for example, power) inherent in many of the published cannabis studies in terms that are understandable to the general public. However, the reader well versed in statistics and study design will find the statistical refresher in most chapters to be repetitive when reading several chapters consecutively.

I feel the most appealing chapters are those on the 'gateway theory', the effects of cannabis on memory, the subjective effects of marijuana, social problems, and treatment for marijuana problems. These chapters do an especially fine job of explaining the limitations and possible interpretations of the many studies in this field. This approach will be quite helpful for individuals who are not behaviourists but would like to understand these studies. One minor deficit of the 'gateway theory' chapter is that although the author argues cogently that there is currently little support from human studies for the theory that cannabis use leads to opiate dependence, there is a substantial body of evidence from animal studies suggesting interactions between the endogenous opioid and endogenous cannabinoid systems. An assessment of these studies would have been appropriate here as they are often mentioned in the context of the 'gateway theory'.

Also interesting is the discussion of treatment for problem marijuana use. This is an emerging field that has not received much attention but that is still quite important irrespective of how one feels about the medical use or legislation of cannabis.

The most disappointing portion of the book was the chapter on cannabis pharmacology. Some of the pharmacokinetic concepts were described erroneously (for example, defining half-life as the time taken to break down

half the dose of a drug) or inadequately (for example, imprecision in distinguishing between metabolism, degradation and excretion when discussing half-lives). The other fault of this chapter is the exclusion of much interest work that has been published over the last few years on the role of endogenous and exogenous cannabinoids in the modulation of neurotransmission. The results of these studies will undoubtedly help us interpret the human studies so well discussed in this book. This omission is also unfortunate, because a solid, up-to-date section here would have set this book apart from the others in the field.

Who would benefit from reading this book? I think that any scientist interested in learning about the effects of cannabis on human behaviour will find this book invaluable. Its comprehensiveness in this regard and its fair treatment of the material are refreshing. Aficionados might chafe at the layman's description of statistical issues, but these can be skipped over.

Although the chapters on the health effects of recreational and medical marijuana use are solid, readers desiring a more comprehensive treatment of this important topic should consider *Marijuana and Medicine: Assessing the Scientific Base* published by the National Academies Press (Washington DC).

Those looking for a detailed discussion of the pharmacology of cannabis and cannabinoids will be better served by Leslie Iverson's *The Science of Marijuana* (Oxford University Press).

In summary, Earleywine's contribution will be useful to researchers wanting an overview of the effects of cannabis on behaviour and an assessment of the related public policy concerns. It will also appeal to members of the general public desiring an unbiased and thorough assessment of cannabis and its varied actions.

Ken Mackie

Film Review

CITY BY THE SEA

The horrors of drug addiction and withdrawal are made surprisingly realistic in *City by the Sea*, writes Paula Goodyer.

With Robert De Niro's new movie, *City by the Sea*, mainstream Hollywood is starting to get heroin addiction right. It got close with the release in 2000 of Steven Soderbergh's Oscar-winning *Traffic*, which helped kill the myth that only seedy misfits court trouble with this drug. Heroin addiction, this film acknowledged, can happen to wholesome kids from good families. The only problem was its cheesy ending: Michael Douglas's daughter goes from shooting up in a dealer's flat to redemption and rehab in the space of 30 movie minutes. The final scene shows her turning up at the local Narcotics

Anonymous meeting, flanked by supportive mum and dad. But in reality, getting over heroin isn't quite as neat and tidy. *City by the Sea* captures, in a way that would make the hardest heart ache, the quiet desperation of a vulnerable kid! De Niro's son! trying to get clean.

For once, this is a sympathetic portrait of what it's like to hang out between doses of heroin! the lack of energy that turns walking into a weary semi-shuffle, the runny nose and the sickness, all of them compounded by the relentless self-loathing of what you've become.

When the only drug you've been wasted on is alcohol, it's really easy to perch on the moral high ground and mouth off about junkies and druggies! the language of contempt so popular with the public and the media.

It's easy to shake your head at the inability of users to quit heroin and speak smugly of people 'choosing' to use when you've never felt the withdrawal effects of this drug.

I don't think the 'choice' between a shot of heroin! once described as being draped in a warm blanket when you've been out in the bitter cold! and going through days of pain and throwing up is that much of a choice, especially when you're only a kid.

With alcohol, the short-term fallout of abuse is all over in a few hours. With heroin it takes days, and you're dealing with more than a throbbing head.

In 1955, Frank Sinatra played a heroin addict in Otto Preminger's movie version of Nelson Algren's novel *The Man with the Golden Arm*. In one part, helped by Kim Novak, he goes cold turkey, locking himself in a darkened room, where he tosses and turns on a bed, pouring with sweat. I'd always thought this was desperately overdramatised until the night I found myself in my spare room with a real person trying to detox from heroin and realised that, surprisingly for its time, Hollywood had got that bit right.

This boy, a friend of one of my children, was shiny with sweat, and saying his joints felt like someone was burning them with dry ice! the joints, his doctor had explained to me, had receptors for heroin, hence the pain of withdrawal.

By his third day without heroin, he said it felt like there were holes in his bones, and the wind was whistling through them. He tried lying down, then dragged his doona and pillow from the bed to the floor in an attempt to get comfortable then dragged it back again.

We tried soothing the aches with Tiger Balm and when that ran out, dipped into the goanna oil. Clutching at straws, I tried my meditation tape but that just made him swear in exasperation at the soft voice and tinkly New Age music.

Last Christmas he visited me. By then he'd stopped using heroin and, like the boy in *City by the Sea*, been on a bumpy ride with a detour via jail. Unlike the girl in *Traffic*, he did not have supportive parents driving him to NA meetings. His mother had just died of cancer and he'd never known his father.

City by the Sea just might do for addiction what *A Beautiful Mind* did for mental illness and *Philadelphia* did for AIDS. If so, we may never say the word 'junkie' again.

Paula Goodyer, SMH

Counselling Available

One of our long-term members has established herself in Wollongong as a counsellor and psychologist and is available for appointments. Details are as follows:

Beate Zanner

Level 1, Suite 2, 140 Keira St

Wollongong NSW 2500

Mobile **0405 160 054**

Mornings, Evenings & Saturdays

Memorial Corner

To remember loved one's who have lost their lives to illicit drugs.

Family Support Meetings

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.

Information/Education Nights

Refresher night for FDS volunteers on the telephone service.

Contributions to **Insight** do not necessarily reflect the opinion of Family Drug Support or its Committee.