

## Insight Newsletter JUNE/JULY 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.

### Over The Rainbow

I can remember talking to my daughter about Damien's heroin use and although she didn't know him well she agreed to meet and talk with him. That was the last Christmas we shared with Damien. She told me after her conversation with him, 'He's fine, Mum, he's really okay!' Two months later, he was dead.

We struggled through the nightmare. Tony was numb with grief. Life had taken a dramatic turn.

I then discovered my own daughter's heroin use. Looking back, I find it difficult to remember the nightmare. She had rung me to say how lonely and ill she was and could I take her to a doctor as she was very sick. I can remember the day she told me, but not the words she said. I had picked her up from her then-boyfriend's house as he had again been sentenced to jail. I can remember how thin she was and the dark circles under her eyes. Driving her to the doctors, I was telling her about a video I had just watched about a methadone clinic in the UK and how humorous and sad it was and that she might find it interesting to watch. The words 'Mum, I've been using heroin' did not register immediately. It seems incredible to me that I couldn't have known.

Here I was, with probably more knowledge about drugs than most parents and yet I hadn't seen what was in front of my eyes.

I had been afraid for a long time that something was horribly wrong. My daughter and I had always had a difficult relationship. Two different personalities and we clashed! Two weeks before her seventeenth birthday she left home to live with her boyfriend. It was not a relationship that her father and I were happy with and there was a lot of resentment and anger; her father was quite adamant about what he expected and what he would not tolerate. We tried to regain some control over her life, she must stay on at school and we would continue to pay the fees. Although we would not contribute any money directly to her.

She finished Year 12 at college. At 19, she had a great job in the travel industry and an apartment in the city. We remained in contact but her boyfriend and lifestyle were her main focus until the day she told us the awful truth.

She came home to stay and detox. Not only was Tony grieving a son, which he had lost through heroin, but he was now trying to support me with my grief and struggles. My daughter had smoked heroin, which was one of the reasons why I never saw some of the telltale signs. Withdrawing from smoking heroin is the same as an injecting withdrawal. She got through the detox and started work again. She never had a problem getting work. She would announce that she needed to work and always had a job within days. She lapsed after six months when she met up with her ex-boyfriend and this pattern continued until she broke up the relationship. These hard times remain in my memory. I just didn't know if she would make it. Even though studying alcohol and other drugs at TAFE, it was my FDS volunteer skills that really helped me even if it was hard knowing about the long and difficult cycle of change. She went on methadone and over two years she gradually reduced and is no longer dependent. Compared to many, I know that we were lucky.

What can I say•how absolutely I adore my daughter? I find so many things remarkable about her, her courage, her stubbornness her determination and her love for her family. Like any parent and child we still have our disagreements. But I am learning to step back. She is a unique person and whilst we may not agree on everything, we now have a relationship that I believe is stronger and better than previously. What regrets I have about what happened to her are diminished by the love we have for each other.

She still struggles with other people's prejudices and judgements and with the decisions she made. She is studying youth work at college and is doing voluntary work.

Thank you to all of those wonderful volunteers who listened to me when I was struggling and thank you, Tony, for supporting us both. *Sandra*

### **A daughter's thoughts . . .**

Upon reading this article, I felt so ashamed and disgusted with myself• yet at the same time, the greatest love for my mother and family. The pain I put them through

was horrific, but they never failed me. I know that if I hadn't had their continual support and love I would not be here today. There is a pot of gold at the end of the rainbow and for me that's my mum and family and I thank you. *N.L.*

## Australian Drug Law Reform Campaigners Face Jail

In 5 June 2003 at 10am in the Darwin Magistrates Court in Northern Australia, Magistrate Dick Wallace will hand down sentences for five drug law reform campaigners, Ema Corro, Mick Lambe, Gary Meyerhoff, Rob Inder-smith and Stuart Highway. The five were last week found guilty of 'deliberately disrupting the legislative assembly whilst it was in session'.

The charge, never before used in the Westminster system, was introduced after the actions of Oliver Cromwell in the 17th Century. It has a maximum penalty of three years imprisonment, and the magistrate has advised that a prison sentence will be highly likely.

Eleven people last year disrupted the proceedings of the NT Legislative Assembly whilst in session, to protest against the Labor government's Tough on Drugs 'drug house' legislation.

One of the defendants Gary Meyerhoff said, 'This trial has highlighted the need for a bill of rights in Australia. The NT government, through their Magistrate Dick Wallace, has eroded our right to freedom of speech and expression.'

'The drug house laws are still in force in the NT and people still risk having a 1.2 metre high fluorescent green sign posted on their front door and the prospect of police raids without warrants on a continual basis. Imprisonment will not deter Network Against Prohibition activists and this human rights campaign will continue until the repeal of the drug house legislation and full rights for users of illicit drugs in the NT and beyond.'

For further information on the NAP campaign see <http://www.napnt.org>

To arrange an interview call NAP on:

- 61 8 8942 0570 *or*
- 0415 16 2525

### Relevant Sites

- Network Against Prohibition NT•

<http://www.napnt.org>

- Territory Users Forum Inc•

<http://www.tuf.org.au>

- AIVL•<http://www.aivl.org.au>
- Drugsense•

<http://www.drugsense.org>

***Get involved! Get Active!***

***Help End The War On Drugs!***

## **A Success Story**

Dear Tony, At present, we have no need for the book or the magazine, but I've had it in mind for a long time to write with a donation and a thankyou.

A couple of years ago, we attended the *Stepping Stones to Success* program. At the time, we were in despair because our son had been dependant on cannabis. Joining the group gave us immense comfort and it was the first step in our recovery. Partly, of course, it was having the benefit of the knowledge and confidence that came from your leadership and experience. Partly, it was realising that there are many people whose children had troubles like ours. We listened to and learned from those parents. We were amazed and inspired by the courage and steadfast love they had for their kids.

Despite their sometimes desperate circumstances and under extreme pressure to feel and act otherwise, they responded time and again with patience, loyalty and compassion. Of course, there were occasions everyone wanted to smash something or someone, or give up and leave town, but sharing these feelings was a relief.

When we came to FDS we were heavy with guilt, confusion and despair• feeling in some way responsible for the plight of our child. We learned to shed that with our coats at the door and eventually not to take it home with us. Some nights we'd arrive depressed and sad, sometimes just sick and tired of the whole subject, but during the course of the evening we'd be enlightened, laughing or crying, sometimes all at once, and leave feeling stronger.

Three years later, we're fortunate to be able to say that right now our son is well and working and off dope, thanks to his girlfriend, Northside Clinic and his own incredible determination. It's been stressful and difficult and we all carry the scars.

But looking back I'd say that the worst part of our experience was the initial shock and isolation of having an `addict' in the family. How can this happen to normal people? What did we do wrong? There's a conspiracy of silence in

our society that makes it seem as if drug dependence only happens to an abnormal minority•and they're obviously already immoral, criminal dropouts.

We know now that is untrue•that in every community there are hundreds of people•kids and adults (some of whom still manage to function normally) who are dependent on drugs: alcohol, cannabis, heroin, prescription medications. They're our kids or our neighbours' kids or a colleague's kids. They're broken-hearted. They're in pain. They deserve compassion. They deserve the support of harm minimisation programs like needle exchanges, safe injecting rooms, free condoms. Until they've figured out how to live, they deserve not to die.

Many thanks to you and FDS•L & R

## Insights Out

As I sat at the launch of the new edition of *A Guide to Coping* at the NSW Parliament House this month, I felt for the first time in six years that we were really making a difference. It was a wet day but there were lots of FDS members and volunteers on hand.

Parents Joy and Kate told their moving stories that epitomised the essence of FDS. There were representatives from all sides of politics and Special Minister of State John Della Bosca spoke warmly about our organisation and services. There were no media present•they never seem to attend good news stories•but it didn't matter•it was a gathering of friends celebrating everything that FDS is all about.

This edition of FDS Insight contains the last reviews of Elly Inta. Elly was one of the first people who contacted me back in 1997 when I first wrote to the Herald. She attended the first ever meeting at Ashfield Uniting Church and has been an essential part of the FDS family. She has been and will continue to be a board member. She has not only given us wonderful book, film and video reviews but has been co-editor and proofreader of this bulletin for over six years. Elly is a great writer and we have been really fortunate to have had the benefit of her wisdom and insight for so long. Thank you Elly•we will miss your articulate words, your humour and your insightful, sensible and compassionate reviews•but we know you will remain part of FDS.

We now need a reviewer of course• any takers?

Drug Action Week is the last week in June. This year, Saturday 28 June has been designated for Family and Community issues. The event we have planned at Burwood RSL will be an opportunity to highlight our work and focus on the needs of families. Please enter the date in your diary and come along. We guarantee that you will be stimulated, entertained and enlightened by the hypothetical and expo.

See you there.

*Tony T*

## **Fay's Poem**

Why come here do you ask

Hiding behind your mask

Of fear and trepidation

Seeking all information

To help you cope with this

New and foreign fear

For the loved one you hold so dear

Answers please you ask

Still hiding behind your mask

Help me understand what went wrong

And how to be helpful and strong

Guide my way along this rocky path

With strength to conquer all the aftermath

*Fay M*

## Magistrate Crossed The Boundaries

Source: *The Advertiser* 1/5/03

A senior magistrate who told a woman appearing before him on a prostitution charge she was a 'junkie' who would 'die in the gutter' will not be suspended or dismissed.

Attorney-General Michael Atkinson said while the remarks of Magistrate Michael Frederick were 'intemperate and unfortunate' he understood his frustrations in dealing 'day after day with habitual criminals'.

'I can report that this is not by itself a hanging offence,' he told Parliament last night.

'But, Magistrate Frederick has crossed the boundaries by using filthy language and curses; language that unnecessarily humiliates the offender; remarks that are conjectural and absurd and language that is contemptuous of the Prime Minister,' Mr Atkinson said.

He said Mr Frederick would be summoned to the Chief Justice's office in the next two days to explain his remarks.

Mr Frederick has also been severely criticised by Supreme Court Justice John Perry for his remarks which also included 'damn you to death' and 'I'm sick of you sucking us dry'.

'I must say I have rarely encountered sentencing remarks which are so inappropriate, so abusive and so insensitive as those which the sentencing magistrate is reported to have made in this case,' Justice Perry said.

Justice Perry attacked the magistrate in his judgment on an appeal by Tashara Lee-Anne Were against a sentence imposed earlier this year for breaching bail conditions imposed after being arrested for soliciting for prostitution.

Ms Were had her sentence suspended by Mr Frederick after she entered a one-year good behaviour bond with eight conditions which included residing with her mother and to comply with any instructions relating to drug or alcohol addiction treatment.

In his sentencing remarks, Mr Frederick said, 'You're a druggie and you'll die in the gutter. That's your choice. Stand up in the dock with your chest in and behave like an adult.'

'I don't believe in that social worker crap. You abuse your mother and cause

her pain.'

Mr Frederick also said Ms Were could go to work.

`Seven million of us do it while 14 million like you sit at home watching Days of Our Lives, smoking your crack pipe and using needles and I'm sick of you sucking us dry,' he said.

`We dicks pay for your life. It's your choice to be a junkie and die in the gutter. No one gives a s\*\*\*, but you're going to kill that woman who is your mother, damn you to death.'

Justice Perry allowed the appeal and quashed the sentence under appeal substituting a conviction without penalty.

Despite there being no written record on the court file of the remarks made by the sentencing magistrate, Justice Perry says he has an affidavit from the lawyer who appeared for Ms Were in the magistrate's court and `I am prepared to proceed on the basis that they are accurate'.

Mr Frederick's comments are the latest in a series of outbursts since he was appointed as a magistrate in 1987.

He has previously told a convicted armed robber he was prepared to bet the man's two children would be `crims' and labelled social workers `do-gooders'.

`Stand up in the dock . . . and behave like an adult. Fourteen million like you sit at home smoking your crack pipe and using needles and I'm sick of you sucking us dry.'

`It's your choice to be a junkie . . . damn you to death.'

•Magistrate Michael Frederick

## **SA Magistrate Should Be Dismissed**

### **Says National Organisations For Drug Users & Sex Workers**

The Australian Injecting and Illicit Drug Users League (AIVL), the national peak organisation representing illicit drug users and the Scarlet Alliance, the national peak organisation for sex workers have called upon the South Australia Government and legal system to move to dismiss Magistrate Michael Frederick for his recent offensive comments towards Ms Tashara Were.

Annie Madden, AIVL Executive Officer, said, `The Magistrate's comments are a disgrace and bring shame upon the entire legal system.'

' Illicit drug users are part of the community and deserve to be treated with the same respect and dignity as other people in society,' she added.

Janelle Fawkes, President of Scarlet Alliance, stated, ' People who engage in street-based sex work are doing so to support themselves financially. It is clear the offensive comments directed at Tashara are a result of incorrect and ill-informed stereotypes.'

' The whole basis of our legal system is that it should be 'blind' to making moral, political or social judgements about the people appearing before the court. No-one should be spoken to in the way that Magistrate Frederick spoke to Ms Were. It was inhuman, disrespectful and discriminatory,' added Ms Madden.

AIVL and Scarlet Alliance believe that it is time for the health and human rights of illicit drug users and sex workers to be recognised within the community. They argue that they are tired of being treated as less than human by police, the courts and the government.

' Those who represent our judicial system hold a position of authority within our community. Allowing abuse of this power in such a way only serves to send a message to the broader community that discrimination and stigmatisation are acceptable,' Ms Fawkes said.

Ms Madden concluded by saying, ' The comments made by the South Australia

Attorney General on this matter have been completely irresponsible and inappropriate. Our politicians need to represent all Australians, not just the ones they like or the ones that agree with their political and moral viewpoint.

Ms Were has not only been completely let down by the South Australia legal system, but she has also been let down by the very person who has been elected to uphold and protect her legal rights•the South Australia Attorney General.

For further comment, please contact:

- Ms Annie Madden

AIVL Executive Officer

Mobile: 0414 628 136

- Janelle Fawkes

President Scarlet Alliance

Mobile: 0411 985 135

## **Thank You FDS**

My subscription is late because my two sons have recovered! They were heroin addicts and are now leading productive lives•with a future.

I thought to leave the subscription in order to move on myself. I am sending this to help your invaluable organisation and to receive the new kit•so I can help a friend.

Thank you for having been a listener, a friend•and a giver of sound information.

*Lucia*

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## Thought Of The Month

To laugh often and much

To win the respect of intelligent people

and the affection of children

To earn the appreciation of honest critics

and endure the betrayal of false friends,

To appreciate beauty,

To find the best in others, to leave the

world a bit better, whether by a healthy child, a garden patch . . .

To know even one life has breathed

easier because you have lived

This is to have succeeded!

*Emerson*

## Launch Of *A Guide To Coping*

### Review by Bruna Paci

On a wet and miserable late autumn day a much-anticipated event was finally upon us. This was to be the day that so many hours of dedication and hard work would come to fruition•the launch of our *Guide To Coping* kit.

Despite the inclement weather which no doubt kept many FDS members away, it was heartening to see a great many more of our friends show their support in the Theatre at Parliament House, Sydney. For my part, it was great to put faces to many of the voices I had come to know over the phone in my short time with FDS but had not had the pleasure of meeting before that day.

Those who attended were rewarded by an afternoon of insight, inspiration and nourishment of the soul. Joy Lauer, whom many will recall appeared with her husband Tony Lauer on Australian Story, shared with us the family's struggles

with their daughter's drug use and Joy's sense of isolation and despair during this time.

Our second speaker Kate, a FDS

member, moved us with her account of a family's ordeal of drug-use combined with mental health problems. The audience were left with a distinct sense of the difference it made to have had access to the knowledge and wisdom contained in the *Guide To Coping* kit.

Special Minister for State, Mr John Della Bosca, highlighted the government's support in this very important cause of helping families find a way through their issues and gain the strength to go forward.

Ann Symonds, Chairperson for FDS, reinforced our belief in the importance of the work carried out by our organisation and our volunteers, without whom the support would not be possible. Linda Burney, MP for Canterbury, graced the occasion as the Master of Ceremonies and gave a touching account of her own family's experiences.

With such high calibre representation, there is no doubt that the day was a success for all, and more importantly for this new resource for families, *A Guide To Coping*.

## **Adversity**

A young woman went to her mother and told her about her life and how things were so hard for her. She did not know how she was going to make it and wanted to give up. She was tired of fighting and struggling. It seemed that as one problem was solved, a new one arose.

Her mother took her to the kitchen. She filled three pots with water. In the first, she placed carrots; in the second, she placed eggs; and in the last, she placed ground coffee beans.

She let them set and boil without saying a word. In about 20 minutes, she turned off the burners. She fished the carrots out and placed them in a bowl. She pulled the eggs out and placed them in a bowl. Then she ladled the coffee out and placed it in a bowl.

Turning to her daughter, she asked, 'Tell me what do you see?'

'Carrots, eggs and coffee,' she replied.

She brought her closer and asked her to feel the carrots. She did and noted that they were soft. She then asked her to take an egg and break it. After

pulling off the shell, she observed the hard-boiled egg. Finally, she asked her to sip the coffee. The daughter smiled as she tasted its rich aroma.

The daughter then asked, 'What's the point, mother?'

Her mother explained that each of these objects had faced the same adversity•boiling water•but each reacted differently.

The carrot went in strong, hard and unrelenting. However, after being subjected to the boiling water, it softened and became weak.

The egg had been fragile. Its thin outer shell had protected its liquid interior. But after setting through the boiling water, its inside became hardened.

The ground coffee beans were unique, however. After they were in the boiling water they had changed the water.

'Which are you?' the mother asked her daughter. 'When adversity knocks on your door, how do you respond? Are you a carrot, an egg or a coffee bean?'

Am I the carrot that seems strong but with pain and adversity do I wilt and become soft and lose my strength?

Am I the egg that starts with a malleable heart but changes with the heat?

Did I have a fluid spirit but after a death, break-up, a financial hardship or some other trial, have I become hardened and stiff?

Does my shell look the same but on the inside am I bitter and tough with a stiff spirit and a hardened heart?

Or am I like the coffee bean? The bean actually changes the hot water, the very circumstance that brings the pain. When the water gets hot, it releases the fragrance and flavour.

If you are like the bean, when things are at their worst you get better and change the situation around you.

When the hours are the darkest and trials are their greatest, do you elevate to another level? How do you handle ADVERSITY?

Are you a carrot, an egg or a coffee bean?

## **Parent Line & ADIS Information Night**

**Review by Michael Stevens, Hilary Lunzer and Sandra Burke**

The information session for FDS members and volunteers held on Monday 26 May 2003 was aimed at providing us with a better understanding of the services of our new partners, ADIS and Parent Line. Barbara Adair (Parent Line) and Manda Bishop (ADIS) gave two very informative sessions to assist FDS volunteers in referring callers to either of these services. Below is a summary of their presentations:

### **Parent Line**

The Parent Line ethos is to empower parents. Most calls are from parents of children in preschool and teenage years but they can give advice for all age groups and, new funding for the FDS/ ADIS/Parent Line partnership allows for children up to age 26. They occasionally receive calls from parents and discover through the course of the call that their 'child' may be 40 or 50 years old. Mothers, then grandmothers, represent the highest incidence of callers and call levels are highest during school hours and decline during school holidays (a pattern that is parallel with FDS call stats).

All callers speak to a qualified counsellor (psychologist or social worker) who can offer advice as well as support and telephone counselling. The issues they deal with include baby, child and adolescent behavioural problems, communication and education, family relationships and discipline.

They provide referrals to other services from a state-wide database which will soon be made available to FDS. Parent Line are also happy to send out information to parents. Repeat calling is welcomed, especially from callers in regional or remote areas where services are limited or anonymity is not possible.

The phone line operates Monday to Saturday 9am to 4.30pm but the new funding has allowed for extended hours until 8pm Monday to Wednesday. The line caters for Arabic and Vietnamese callers as well as Aboriginal people. Counsellors are encouraged to give a first name and to give details of their rostered shifts so that callers can speak to the same counsellor when they next call.

Parent Line tries to limit referrals to a maximum of two on the basis of making it simpler for the client and repeat callers are asked about previous referrals•whether they were helpful and relevant.

They train counsellors to limit call length to 30 to 45 minutes. Calls longer than this usually go over the same material and longer calls are more draining for staff.

Barbara Adair said that she was impressed by the FDS philosophy of harm minimisation and she would like to pursue this with some joint staff meetings.

## **ADIS (Alcohol and Drug Information Service)**

ADIS is run under the auspices of St Vincent's Hospital and have several counsellors (20+) on staff to provide a 24-hour/7-day state-wide service offering advice, information and referral in drug and alcohol and some mental health issues.

There are up to eight counsellors on-line during the day and they can seek help from a colleague if necessary while the caller is on the line. After hours calls are handled by night staff working in their rehabilitation facility who have other duties and so delays may be experienced.

Counsellors are qualified psychologists, social workers and D&A workers who can provide crisis and brief counselling. Counsellors are professionally accredited and must have ongoing professional development training and are accountable for their work. ADIS have Arabic speaking counsellors, at least part time.

Due to high volumes, calls to the line are limited to 30 minutes and regular callers are limited to 10 minutes, although repeat callers are not discouraged. The nature of calls to ADIS is different to those received by FDS and to free up the line for other callers, counsellors are discouraged in having lengthy calls. Callers who need more extensive counselling are referred to a service.

Clients are given non-judgement and anonymity, and calls are not recorded or traced except in the very rare instances of suicide callers. Some of the issues that ADIS deals with are: drugs and symptoms of use, information and referral, withdrawal, rehab and treatment services and programs. They run initiatives like the smoking 'Quit Line' and the 'Cannabis Quit Line', as well as take feedback on the Methadone Advice and Complaints service.

ADIS have an extensive database and counsellors can give information on where a patient can receive supervised withdrawal or inpatient treatment but the database is NOT kept up to date on vacancies or waiting lists. The onus is placed on the client to follow up with frequent calls to be aware of when a vacancy may arise.

*Note:* It is NOT the philosophy of FDS to limit the length of calls EXCEPT where the discussion becomes repetitive and is not progressing beyond a certain point.

## What You Wanted To Know About Party Drugs

### But Were Afraid To Ask Your Children•Part 2

**Evan Thomas**

The dreaded TARS virus [Typographical Alien Refugee Saboteur] invaded my Part 1 piece [April-May]. The use of party drugs should have read 120,000 Australians in 2001 not 12,000!

As previously noted there are reports of increased use and availability of ketamine, GHB and more potent forms of methamphetamine. And there is increasing anecdotal information on the use of pharmaceutical drugs such as antidepressants and Viagra.

Under the heading 'party drugs' are ecstasy [see Part 1], speed, crystal, cocaine, LSD, ketamine and GHB. Party drug users, as the name suggests, 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.

#### **KETAMINE•Special K•Vitamin K•Kit Kat•K•ketamine hydrochloride**

Being a pharmaceutical drug normally manufactured by reputable manufacturers with proper quality control systems in place, the purity of ketamine should not be an issue. Originally developed as an anaesthetic for human use it is still used for children, those in poor health, battlefield wounded for surgical procedures, but primarily in veterinary practice.

Ketamine is called a dissociative anaesthetic; it separates perception from sensation by blocking nerve paths without depressing respiratory and circulatory functions.

It most often comes as a liquid, and is then often cooked into a white powder.

#### **What are the effects?**

The dose level dramatically influences the effects.

- At lower doses [10mg-15mg], ketamine produces a mild dreamy effect. A slightly outside of body, floaty sensation, numbness in the extremities, lessened motor skills, increased sociability, and a feeling of seeing the world differently.
- Higher doses [50mg+] produce a feeling of being completely

separated from the body. This is referred to as the k-hole, and whilst some may find the experience enjoyable, others find it frightening and unpleasant. The subject may remain prone, find it very difficult to move, and become nauseous and vomit.

## Safety

- Low doses can increase the heart rate. High doses depress breathing and can cause loss of consciousness.
- It is very dangerous to use ketamine with alcohol, benzos, barbiturates, GHB and other drugs.
- Ketamine may cause brain damage [unproven] and can be psychologically and physically addictive.
- Frequent snorting can damage nasal passages. The drug is designed for muscular injection; therefore a skilled operator is a must. Can be taken orally.
- This may seem an obvious warning •do not drive at any dose level• or go swimming!

## PILLS

Ketamine is frequently substituted for MDMA [ecstasy]. The potential health risks can be appreciated.

## **GHB•G•Fantasy•GBH•Liquid Ecstasy•Liquid X•Liquid Blue Nitro (Also `1,4B')**

GHB [gamma hydroxy butyrate], usually an odourless liquid, slightly salty to the taste, but sometimes is sold in powder or capsule form.

A similar drug, 1,4-butanediol•`1,4B' often sold as GHB, is converted into GHB in the body, has a more chemical taste, produces similar, but not the same, effects.

## What are the effects?

- At lower doses GHB and 1,4B have a euphoric effect similar to alcohol, the user feels relaxed, happy and sociable.
- Higher doses impair motor skills, and make the user feel dizzy and sleepy.
- Overdose will cause loss of consciousness, vomiting and convulsions.

Death is a possibility.

## Safety

- GHB and 1,4B are extremely dose sensitive *and* batch strengths can vary significantly. Measure carefully.
- A standard dose could be 2ml or 20ml.
- Effects may not peak for two hours; so premature top-ups can lead to overdose.
- Do not mix with alcohol or other central nervous system depressants such as opiates, benzos, barbiturates or ketamine.
- Mixing with other stimulants such as amphetamines can also cause problems.
- Obviously do not drive.

**CRYSTAL • Ice • Crystal Meth • Shabu • methamphetamine hydrochloride • methylamphetamine**

**SPEED • formerly amphetamine sulphate now nearly always methamphetamine**

Amphetamine and methamphetamine are closely related chemically and have similar kinds of effects on the user, but methamphetamine is the more potent form with stronger subjective effects.

Throughout the 1980s amphetamine sulphate was the form most readily available in Australia. Changes to legislation and its enforcement have led to methamphetamine dominating the market.

Ice is a crystalline form of high purity methamphetamine imported from Asian countries. It can be administered by snorting, smoking, swallowing or injection and costs \$50 a 'point' • 0.1gm.

## What are the effects?

- Both amphetamine and methamphetamine work by stimulating central nervous system activity leading to increases in heart rate, blood pressure, body temperature and decreased appetite and the need for sleep.
- Both cause feelings of euphoria, well-being and confidence in users.

## Safety

- Methamphetamine, being more potent, is more addictive and carries the risk of more psychological harm among heavy users, including anxiety, depression, paranoia, agitation, aggression and psychotic symptoms.
- Ice use is closely associated with increased risk of transmission of HIV among certain subcultures.

## COCAINE-Coke•Blow•Snow• Charlie•Flake• Stardust

Cocaine is derived from the leaves of the coca plant, which has been used for thousands of years by the inhabitants of South America. It comes as a white powder and can be snorted, injected, ingested or smoked•as crack, the free base form which is more concentrated.

### What are the effects?

- Cocaine is a central nervous system stimulant. The drug acting on the brain's pleasure system produces the pleasurable effects.
- Short-term effects include a feeling of euphoria, well-being, increased alertness and energy•which can occur after a single dose.
- Reduced appetite, increased heart rate and body temperature and enlarged pupils.

## Safety

- Cocaine is extremely psychologically addictive. The feeling of increased confidence in one's abilities contributes substantially to this effect.
- The effects tend to wear off quickly leading to the tendency for the user to take numerous doses rapidly.
- Short-term use may also lead to aggressive behaviour and the inability to judge risks.
- At higher doses cocaine use can produce headaches, dizziness, restlessness and violent behaviour. Other effects may include a lack of motivation.
- When taken with alcohol the two drugs combine to produce coethylen that is addictive and is far more damaging to the brain than

either cocaine or alcohol individually.

- Overdose can induce irregular heart beats, lung or heart failure and strokes.

## **LSD • Acid • Trip • Blotter • Cid • Microdot • Tile • Lucy In the Sky With Diamonds • Lysergic acid diethylamide-25**

LSD belongs to a class of drugs called psychedelics or hallucinogens. As the name implies they can change the subject's perception of reality. The drug presents as a white odourless powder that is usually absorbed into small squares of decorated absorbent paper and taken orally. Each square represents one dose.

### **What are the effects?**

- Psychedelics can produce changes in thought, sense of time and mood.
- The 'trip' will vary from feeling good to an intensely unpleasant experience or 'bad trip'.
- Intense sensory perceptions like brighter colours and mixing of the senses such as hearing colours and seeing smells may be experienced.
- Out-of-body episodes and loss of concentration are other effects.
- The trip usually begins within half an hour, reaches a peak in three to five hours and may persist for 16 hours.

### **Safety**

- Increases in blood pressure and heart rate, and risks for those with cardiac problems.
- Pre-existing mental conditions such as psychoses, depression and anxiety can be exacerbated.
- Tripping unaccompanied in an unsafe environment such as on a bridge or near water can lead to accidents.

These notes are intended as a superficial guide only. Readers who have serious concerns on any of these drugs should consult other references such as FDS 'Guide To Coping' or the FDS website [www.fds.org.au](http://www.fds.org.au)

Acknowledgements: Paul Dillon, National Drug and Alcohol Research Centre (NDARC); Libby Topp (*Illicit Drug Reporting System Bulletin*, June 2002) NDARC;

## Methadone From A Patient's Point Of View

### Prelude

Dear Tony, You may not recall me as it's been a while since I last had contact with you. However, I have been receiving *FDS Insight* (*heroInsight* when I first started reading it) regularly since you published a story of mine, 'My Life As A Junkie' a couple of years ago from a methadone website. I want to thank you for sending me your fantastic newsletter even though I haven't been able to pay for the subscription•which you are probably aware of the reasons why!

I fully support your views on harm minimisation and all the work you do to help people such as myself be understood better by the Government and the community. I can see you have put your whole life into this cause and in doing so, have achieved so much for the drug-using community and their families. Also, I admire your strength in coming to terms with Damien's unfortunate death by drug overdose, by actually accepting the reality of heroin addiction and not judging it negatively like so many parents do. I'm sorry if this doesn't sound right as I find it hard to express what I really mean. I guess what I'm trying to say is that Damien is at peace, knowing that his father loved him for who he was and would be so proud of you as a father for turning this tragedy into something positive for other families in similar situations. Such unselfishness and empathy are so rare. You are a truly special person!

Well, I actually wanted to submit something to *FDS Insight* about your headlining article in the February• March issue. First, I must apologise for the limited resources I have at home here, that is, the ancient typewriter with all the mistakes in the letter, and the paper that I'm using, etc. Please excuse this.

I'll also just fill you in a bit about myself since the last story above. I've been on and off methadone and heroin, mainly due to shortage. If there were no drought I would be in deep water by now. Methadone has kept me alive. I've weaned off methadone a couple of times, only to find the huge hole I feel inside once it's gone starts me gradually start using occasionally to the inevitable addiction again, thus the merry-go-round effect (without the merriness) takes place again. I often wonder if my own receptors are permanently enlarged after long-time heroin use, so that usual amounts of endorphin don't have the same effect they would on a non-user, because I can't explain how being straight is so bleak and depressing.

I have been in the psych ward a few times after suicide attempts from this depression of straightness and get nowhere from that, so I end up back on methadone again and find that I can function normally and live like so-called 'normal' people, doing the '9 to 5 parent-thing' that I cannot do when I'm

straight. However, I feel the stigma and shame for being on it and try again to wean off . . . you get the picture.

When I read in your article that there is a rumour that methadone and buprenorphine programs may be changed to an abstinence regime (and I like how you describe this as a step to a `mythical' abstinence as you are so, so, so right!) I felt really sick. I thought, `What the hell am I going to do if this happens? I will lose my four-year-old son and end up back on the street using again and that is the very last thing I want and the biggest thing I fear . . . ' So I felt compelled to write in, despite the presentation (sorry). Anyway, here goes:

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In order for the people making the decisions about how a methadone or buprenorphine program should be changed to abstinence from maintenance-based, they must first be made aware of all the effects that heroin use has on the brain of the user/dependant. It seems as if they assume that it's as simple as a feeling of high, then gradually getting used to being high so that one needs to get higher each time until it's impossible to function without being high. In fact, I find that the biggest problem these people have is that they cannot fathom how us `junkies can choose to want to be high' instead of going to work and getting pleasure from other recreational activities such as sport, etc. like they do. They believe that we are just lazy and looking for an easy way out of the hard things in life. (My family's views come to mind as I describe this.)

Unfortunately, it is not that simple. When a non-user experiences something pleasurable their brain produces the endorphin chemicals. These chemicals are then sent to their receptors which you could imagine as little `pac men' (from the '80s arcade game) which receive them and give the person the feeling of happiness. The `pac man' are all the same size in the non-user's brain. When the person takes heroin, it mimics the endorphin's path to the receptor `pac man's', but it differs from the real thing in one way. The receptor's chemistry changes, so that it requires more of the fake endorphins to produce the same effect it had originally. You could say that the `pac man' get bigger and hungrier each time heroin is used. It won't make them feel happy like it did because the receptors are not getting enough endorphins to produce that effect anymore. This is why heroin addicts can't just simply decide to start playing tennis, for example, instead of taking drugs, or feel job satisfaction like a non-user does.

Getting `high' is not what we addicts are trying to achieve, because that becomes unobtainable in a very short space of time once you're using. We are simply trying to get through each day, which has now become a living hell. Nothing is pleasurable anymore. And that is not just us feeling sorry for ourselves and looking for an excuse to use. It's a real physiological change to our brains that once there, it is very difficult to undo. We don't wake up in the morning and think, `Oh, what a lovely day' from the warm sunshine coming

in the window. If only we still could. Believe me, we desperately want to. We wake up with pain all through our bodies•weak and nauseous, diarrhoea•if only we could summon the energy to get to the bathroom. And this is just some of the physical stuff.

The worst part is inside your head where you feel all the `pac man' screaming and flying around frantically, throbbing and being your entire thoughts, not able to think of anything but getting them to stop screaming and tearing your insides apart.

Methadone and buprenorphine maintenance are great programs because they allow the user to function at a level that is equivalent to a non-user.

*Methadone and buprenorphine do not get you high.* They simply fill and/or block the receptors enough to stop the cravings and allow one to concentrate on living. Weaning off them can work well for some, but others with previous longer term heroin use sometimes find that although the physical effects of addiction are gone, the physiological effect in the brain remains, thus still more endorphins than usual are required to fill the receptors to make one happy enough to function.

If the Howard Government plans to replace maintenance with abstinence-based methadone programs, all long-term heroin addicts who are now stabilised and leading normal lives (such as myself) will end up using again. This will, once again, ruin our lives.

I am one of many patients who have weaned off due to the social stigma and guilt felt only to find myself back to square one. Maintenance has allowed me (and many others) to become fully functioning members of society rather than desperate addicts on the street doing crime and selling ourselves. What is there to be achieved by abolishing maintenance? It's not as if we are a burden on the taxpayer or anything when we are paying \$60 a fortnight for our doses. It's because they can't stand the thought of us being `high' for longer than is absolutely necessary, isn't it? If methadone and buprenorphine did give the patient a `high', would anyone bother paying \$60 minimum for the real thing when it's \$5 a dose of methadone? Everyone would be on it and the pharmaceutical companies would be making millions more than they already do, instead of the dealers. No-one would be burgled and prostitutes would be scarce. But none of this is happening because there is no `high'.

All we methadone and buprenorphine maintenance patients are trying to do is live as normal lives as possible without having to use heroin to feel normal and be normal. The Government and the community at large that look down at us methadone patients need to be informed about the permanent changes to the long-term opiate user's brain to understand why maintenance is necessary and a good thing•not a bad thing, similar to most people being aware of the damage that alcohol can have on the brain. If people were more aware of this, then less people would be tempted to use it in the first place as well. Hardly anyone I know (let alone other addicts) know about what exactly takes place in the brain once you are addicted. It is generally perceived that

addicts have more of a choice about using or not, particularly when it comes to relapsing. *Cindy*

## News From Overseas

### United Kingdom

#### Scotland Yard Chief Calls For Drugs Trade To Be Legalised

One of Scotland Yard's most senior officers has called for hard drugs, including crack, cocaine and heroin, to be decriminalised, saying that police cannot win the war against dealers.

Chief Superintendent Anthony Wills, the borough commander of Hammersmith and Fulham in London, said that as the state could not control the criminal trade in drugs, it should take it over instead.

'I would have no problems with decriminalising drugs full-stop,' said Mr Wills. 'There have to be very stringent measures over the production and supply of drugs and we have got to remove the drug market from criminals. I do not want people to take drugs but if they are going to, I want them to take them safely, with a degree of purity and in a controlled way.'

Mr Wills, who heads more than 2000 officers, said that draconian anti-drug measures had always failed. 'There are some places where people are beheaded if they sell drugs but even this does not stop the trade.'

The officer who has been a policeman for 30 years and a borough commander for six, has two teenage children and said, 'I do not want my children taking drugs. What I am absolutely frightened about is that if my children want to take drugs I cannot stop them because there are animals out there who are prepared to sell them anything to make a profit.'

He added, 'I am not saying people should take drugs. They are very bad for you but the reality of the world we live in is this: If people want to get drugs, they can get them. Drugs are a fact of life and you cannot eradicate them. My only concern is to increase the safety of the community and not to allow these ghastly people to make a fortune out of other people's misery.'

Mr Will's call, made in an interview with the Hammersmith and Shepherd's *Bush Gazette*, follows the controversy sparked by the Metropolitan Police's 'Lambeth experiment' two years ago in which police in South London turned a blind eye to possession of cannabis.

The experiment led to allegations that hard drugs such as crack and heroin

were being sold openly on the streets of Lambeth. Commander Brian Paddick, the architect of the policy, was later suspended, then reinstated over allegations that he himself had taken drugs. He has since been transferred to other duties and the experiment has been dropped.

Mr Wills, however, said that he too did not believe police should bother upholding laws on cannabis. 'I am very liberal in relation to possession of drugs,' he said. 'Policing cannabis is a waste of our time as I do not feel the effects of cannabis are any worse than over-consumption of alcohol.'

Last night, his decision to air his views caused a row. Senior Conservatives said he would encourage young people to think that taking drugs was supported by the police and called on him to issue a retraction.

Ann Widdecombe, the former Shadow Home Secretary, said, 'When young people read views like this from a senior policeman, they get the impression that taking drugs is okay. Well, it isn't! Hard drugs kill people and cannabis is proven scientifically to be harmful.'

Many Conservatives also argue that the Government has encouraged confusion on the question of drugs by appearing to soften its policy. David Blunkett, the Home Secretary, has already announced that cannabis is to be downgraded from a Class B drug to Class C, meaning that possessing it will no longer be an arrestable offence.

A Scotland Yard spokesman said that no action was planned against Mr Will 'at this time'. She added that she was not aware whether he had told Sir John Stevens, the Commissioner, of his intention to air his views.

The Home Office said, 'All controlled drugs are harmful and will remain illegal. The Government's drug strategy focuses on the most dangerous drugs as the misery they cause cannot be underestimated. We have not seen the interview and so cannot comment on it.'

David Bamber, *Daily Telegraph (UK)* 18/5/03

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## **GPs To Prescribe Heroin For Hard-Core Users**

Guidelines to encourage specialist doctors to prescribe injectable heroin for the most hard-core problem drug users are to be issued shortly, the home secretary, David Blunkett, confirmed yesterday.

The guidance will be quickly followed by pilot schemes under which doctors will prescribe heroin according to clinical need in an attempt to help hard-core users manage their addiction and curb their criminal behaviour.

Mr Blunkett's announcement, at a conference of GPs in Sheffield, is to be followed next week by the launch of an 'innovative' Home Office advertising campaign aimed at children and parents to drive home the risks of class A drugs including heroin and cocaine.

The information campaign in England and Wales follows 'Know the Score', launched last year in Scotland, and rejects a 'just say no' message after research showing that such authoritarian campaigns were not working.

The new campaign is expected to focus on providing reliable, credible and non-judgmental information which encourages young people and their parents to seek further advice and help.

Mr Blunkett emphasised yesterday that the main emphasis of the government's drug policy is now to focus on the 'scourge' of class A drugs and hardened drug takers.

'We need radical thinking about how we engage them in treatment. Prescribing heroin is all about what is right for the individual. It is about making it available to all those with a clinical need.'

He said prescribing heroin was right for only a small number of people. The number involved would not dramatically increase beyond the 440 patients currently prescribed heroin.

The majority of addicts will still be treated with methadone.

The home secretary added that it was important to ensure that addicts were not able to sell on the heroin they were prescribed as happened 30 years ago when the first experiments were tried.

But the reluctance of most doctors to be involved in treating heroin addicts was spelled out to Mr Blunkett when one Bedfordshire GP told him that some doctors feared that police action would follow if one of their patients died as a result.

The Royal College of General Practitioners said it remained concerned about the decision: 'We caution against any expansion in the prescribing of heroin in a primary care setting until there is clearer evidence around its efficacy.'

The college's Claire Gerada said heroin was an expensive and dangerous drug which was rapidly fatal in overdose for a naive user or a user who had lost his or her tolerance. She warned that once a patient was placed on prescribed heroin it was likely to be for life.

But Roger Howard of Drugscope said he was cautiously optimistic that sufficient doctors would become involved in treating such hardcore drug

addicts.

He said the reluctance would remain while there was uncertainty in the new GPs' contract over the payments for specialist drug treatment.

Alan Travis, *The Guardian (UK)* 17/5/03

## Scotland

### **Police Call For Review Of Britain's 'Ineffective And Outdated' Drug Laws**

At its annual conference last week, the Scottish Police Federation called for a review of Britain's 'ineffective and outdated' Misuse of Drugs Act.

In recent years, police officers across the country have expressed concerns that the existing Misuse of Drugs Act, passed more than 30 years ago, is no longer relevant to current drug problems. Under the Act, Britain has some of the harshest penalties for drug offences in Europe, but it continues to record some of the highest levels of drug use, and more people are currently suffering and dying from drug problems or in prison on drug-related charges than ever before.

According to a Scottish Police Federation spokesman, the call for an urgent review has been made in response to growing recognition that current drug legislation is not only outdated but also dangerous and harmful to all drug users as it focuses on incarceration rather than treatment of small-time offenders, thereby granting the monopoly of drug supply to high-ranking criminals.

## United States

### **Ozzy Osbourne's Son Enters Rehab To Address Drug And Alcohol Problem**

Jack Osbourne, the 17-year-old son of heavy-metal star Ozzy Osbourne, has checked into a drug and alcohol rehabilitation clinic, according to magazine reports.

'I got caught up in my new lifestyle and got carried away with drugs and alcohol,' Osbourne told *People* magazine, which reported he entered Las Encinas Hospital in Pasadena on 23 April. 'Once I realised this, I voluntarily checked myself into a detox facility for my own health and well-being.'

Jack's sister, Kelly Osbourne, told *Us Weekly* magazine that her brother asked family matriarch Sharon Osbourne for help recovering from alcohol and marijuana abuse.

Jack is the youngest of Ozzy and Sharon Osbourne's three children, and a part-time talent scout for Epic Records. He and 18-year-old Kelly became international stars with the success of MTV's reality show, *The Osbournes*.

'It takes a lot of courage and strength to admit you need help, and both Sharon and I are proud that Jack is facing his problems head-on,' Ozzy Osbourne said.

## Research Aids Policy Decisions

### Professor John Dwyer

Obviously, there is a major difference between introducing a new policy and carrying out important social experiments that might tell us whether a new policy should be introduced.

The difference is important in looking at how contemporary communities around the world are trying to tackle the problem of intravenous drug use.

Experiments that would help us evaluate the wisdom, or otherwise, of supplying heroin to those who inject the substance are in the news, as they have been proposed by one of the parties trying to attract the attention of NSW voters as an election approaches.

No-one that I know of would suggest that we introduce such an approach as a policy, but there is hardly an informed expert in the field that doesn't believe it's worth conducting controlled experiments to evaluate this approach.

One bold experiment, that started in Australia some 16 years ago, involved the decision to see whether the provision of sterile needles and syringes to injecting drug users would slow down the spread of hepatitis C and HIV.

An analysis of the success, or otherwise, of that policy has recently been published. The experiments produced very positive results.

We now know that some 4500 Australians were saved from dying as a result of HIV infection because of the policy. Twenty-five thousand HIV infections and 21,000 hepatitis C infections were prevented.

An expenditure of \$122 million saved tax payments of \$2.7 billion. Countries that introduced needle and syringe exchange programs to make it unnecessary for injecting drug users to share needles and syringes have avoided the extraordinarily explosive epidemics of HIV infection that have occurred among intravenous drug users in countries without such a policy.

In cities that introduced needle and syringe exchange programs, there has been an average annual decrease in HIV infections of 18.6 percent. Countries that have not introduced such a program have seen an annual increase of 8.1 percent in their infection rates.

With the experiment having been a great success, we can now talk about needle and syringe exchange programs as policy.

One important lesson learnt from these experiments relates to the need to introduce experiments while a problem is still in its development stage rather than waiting until it is fully established.

At the time that we introduced needle and syringe exchange programs in Australia, only about 4 percent of Australia's intravenous drug users were infected with HIV.

We managed to contain the epidemic. On the other hand, hepatitis C was already infecting 60 to 70 percent of intravenous drug users and had been present in Australia for at least 20 years before HIV first troubled our population.

This is one of the reasons why needle and syringe exchange programs have been less successful in containing the spread of hepatitis C.

The epidemic in intravenous drug users was far advanced by the time we introduced our programs. It's also true that hepatitis C is much more infectious than HIV.

Somewhere between 200,000 and 250,000 Australians are infected with hepatitis C. About 25 percent of those infected are lucky enough to clear their virus spontaneously.

Apart from the suffering involved from the individuals with chronic hepatitis C infection, the costs to our community of caring for people with liver failure and cancer are simply staggering.

Experiments in a number of countries overseas, including conservative

Switzerland, have shown that where not only needles and syringes but heroin is available through legal medically supervised outlets, the incidence of everything from crime to cross-infection is remarkably reduced.

It is certainly not irresponsible to be suggesting that the time has come in Australia for us to extend the role of our very few medically supervised injecting rooms (mainly established to avoid deaths from heroin overdose) to include the provision of heroin, thus making it even less likely that a person would expose themselves to the risk of contracting hepatitis C because of a

heroin addiction.

Everybody wants to see us find ways of discouraging young people from that first dangerous experiment where an illicit drug is injected.

We have not done anything like enough research to help us understand what motivates young people to take such a risk.

Lots of initiatives are worth trying to help us arrive at ever more effective policies.

## **Medicinal Use Of Cannabis**

### **Opinions expressed by Michael Stevens, May 2003**

Cannabinoids are already being produced for medical use overseas. More research needs to be done. Some questions include:

- C Does the desired therapeutic effect come from the whole herb or one or more of the constituents?
- C Is cannabis effective on its own?
- C Is the therapeutic effect of other drugs enhanced by cannabis?
- C What is the most effective way for the body to absorb the drug! orally, by injection, using patches, a liquid spray or tablet under the tongue, inhalation, suppositories or by smoking?
- C How does the cannabis drug compare with other available treatments?
- C What side effects occur?
- C Does it interact with other drugs?
- C Is it safe in pregnancy and lactation?
- C What will it cost and will it be subsidised on the NHS?
- C Will it get TGA approval?

THC is more rapidly absorbed by smoking than if taken orally. It is possible that some people who do not get a response from a pharmaceutical

preparation may get a response by smoking the herb. To allow the herb to be procured and smoked is the third separate issue. It should be possible if there is a demonstrated benefit and if the patient is aware of the danger to health from the act of smoking and the benefit to the patient outweighs any risk incurred.

There is nothing new in medicinal drugs being developed from herbs or being the same as illicit drugs. Heroin is safely used on prescription as a pain reliever in the UK. Heroin is prescribed to a number of addicts in the UK and some European countries. When injected, heroin is converted to morphine in the body and morphine is so safe in use that may be administered by paramedics and is routinely used for pain relief following surgery. Morphine and similar drugs are listed as Schedule 8 items in the poisons schedule and are subject to strict storage and supply conditions by doctors and pharmacists. There is very little illicit use of these S8 drugs in Australia. Any drug may be subject to abuse and a number of prescription and over-the-counter medicines are abused but this is not a reason to preclude these drugs from legitimate use. The use of any drug should only be if absolutely necessary and if its use provides a benefit.

The cause of pain may be physical and/ or psychological. Treatment may be with one or more analgesics including morphine. Often other drugs such as steroids, antidepressants, anti-convulsants, anti-emetics and psycho-actives may be used in conjunction. Side effects may be mild but are often multiple and severe, and the quality of life may suffer. The fact that many people seek euthanasia is evidence that existing palliative care is not always successful.

Many existing drugs are approved, marketed and promoted in spite of the fact that they offer little added benefit or have only a limited effect on survival rate. Cannabis products should be investigated and may prove to be more effective than existing treatments, and if proven useful, should be available for use on their merit. The decision to allow the use of cannabis products should be on the evidence of any benefit.

## **Free Cannabis Check-Up**

**Source: Blue Mountains Gazette, 30/3/03**

The Wentworth Area Health Service is offering young people a health check with a difference!the *Cannabis Check-up*, which aims to assist people aged 14-19 to examine their personal cannabis use.

According to Health Education Officer Louise Maher, research shows cannabis is the most commonly used illicit drug in Australia, particularly among young people.

'There are many reasons why people choose to use cannabis, however, there are some negative effects that many people are not aware of,' she said.

'These can include paranoia, anxiety, memory loss and coordination problems.'

The *Cannabis Check-up* program was developed at the National Drug and Alcohol Research Centre (NDARC). Wentworth Area Health Service is conducting the program locally in partnership with NDARC.

The *Cannabis Check-up* is completely free, completely confidential, and is designed to be brief, with all sessions being conducted by a Drug and Alcohol Service professional.

More information regarding the *Cannabis Check-up* is available from Stewart Stubbs, Drug and Alcohol Counsellor at Katoomba Community Health Centre on phone 4782 2133.

## **Off Their Scones: The CWA**

### **!Or Chicks With Attitude**

**Source: *Sydney Morning Herald*, 10-11/5/03**

The Country Women's Association came within one vote this week of advocating that cannabis use be legalised for people with terminal illnesses.

The tied vote at the association's 81st annual state conference is being put up as yet more evidence that the 12,000-strong NSW CWA!stereotyped as a scone-obsessed bastion of grey-haired conservatism!is really a broad church.

Item 22 on the agenda of the four-day conference at the Central Coast Leagues Club was from the Toongabbie branch, urging that the CWA 'requests the federal and state ministers for health to consider legalising cannabis for medical purposes for the relief of pain in the terminally ill'.

Ruth Shanks, the CWA's Dubbo-based state president, said she allowed 20 members to speak on the motion because it was the most contentious and passionately debated of the conference.

Those in favour told of loved ones with painful terminal illnesses who had had their quality of life improved by smoking marijuana. Those against argued there still wasn't enough scientific evidence to prove cannabis offered effective pain relief, and spoke of their children who had used marijuana and later developed mental illnesses.

Mrs Shanks, who opted not to use her casting vote, called the 312-312 stand-off 'an amazing result . . . it just goes to show what a diverse range of people and issues and concerns we have in the organisation'.

Jenny Mitchell, the secretary of the Associated Country Women of the World, urged delegates to become more accepting of young people and new ideas. CWA, she suggested, should stand for Chicks With Attitude, not the Cranky Women's Association. And if needs be, she said, they should ditch the scones to attract new members to continue the CWA's important community and lobbying work.

## **If I Had Life To Live Over**

### **Erma Bombeck (written after she found out she was dying from cancer)**

I would have gone to bed when I was sick instead of pretending the earth would go into a holding pattern if I weren't there for the day.

I would have burned the pink candle sculpted like a rose before it melted in storage.

I would have talked less and listened more.

I would have invited friends over to dinner even if the carpet was stained, or the sofa faded.

I would have eaten the popcorn in the 'good' living room and worried much less about the dirt when someone wanted to light a fire in the fireplace.

I would have taken the time to listen to my grandfather ramble about his youth.

I would have shared more of the responsibility carried by my husband.

I would never have insisted the car windows be rolled up on a summer day because my hair had just been teased and sprayed.

I would have sat on the lawn with my grass stains.

I would have cried and laughed less while watching television and more while watching life.

I would never have bought anything just because it was practical, wouldn't show soil or was guaranteed to last a lifetime.

Instead of wishing away nine months of pregnancy, I would have cherished every moment and realised that the wonderment growing inside me was the only chance in life to assist God in a miracle.

When my kids kissed me impetuously, I would never have said, 'Later. Now go get washed up for dinner.' There would have been more, 'I love you.' More 'I'm sorrys.'

But most, given another shot at life, I would seize every minute . . . look at it and really see it, live it, and never give it back.

Stop sweating the small stuff. Don't worry about who doesn't like you, who has more, or who's doing what. Instead, let's cherish the relationships we have with those who do love us.

Let's think about what God HAS blessed us with. And what we are doing each day to promote ourselves mentally, physically, emotionally, as we'll shoot at this and then it's gone. I hope you all have a blessed day.

### **Beautiful Women's Month**

Age 3: She looks at herself and sees a Queen.

Age 8: She looks at herself and sees Cinderella.

Age 15: She looks at herself and sees an Ugly Sister. (Mum, I can't go to school looking like this!)

Age 20: She looks at herself and sees 'too fat/too thin, too short/too tall, too straight/too curly'!but decides she's going out anyway.

Age 30: She looks at herself and sees 'too fat/too thin, too short/too tall, too straight/too curly'!but decides she doesn't have time to fix it, so she's going out anyway.

Age 40: She looks at herself and sees 'clean' and goes out anyway.

Age 50: She looks at herself and sees 'I am' and goes wherever she wants to go.

Age 60: She looks at herself and reminds herself of all the people who can't even see themselves in the mirror anymore. Goes out and conquers the world.

Age 70: She looks at herself and sees wisdom, laughter and ability.  
Goes out and enjoys life.

Age 80: Doesn't bother to look. Just puts on a purple hat and goes out  
to have fun with the world.

May you have enough happiness to make you sweet,

enough trials to make you strong,

enough sorrow to keep you human,

enough hope to make you happy.

## **Parents Overcome Tragedy**

### **To Speak Out For Reform**

**Source: *The Canberra Times*, 22/4/03**

Brian and Marion McConnell believe a Centenary Medal is well worth winning if it helps draw attention to the need for drug law reform.

For the last decade, husband and wife have been working together, to try to prevent other families from suffering as they have.

In 1992, they received an early morning call from a friend, informing them their 24-year-old son Cliff needed help at a nearby oval. He had suffered a heroin overdose. But as the ambulance worked on him, police also arrived, interrogating Mrs McConnell and her daughter.

Cliff was revived, but woke up in hospital to find the police waiting at the foot of his bed to question him.

Mr and Mrs McConnell said that Cliff's fear of police action, and potential retribution by the person who sold him the drugs if he helped with their inquiries, drove him to travel north within a week of getting out of hospital.

The family had been previously unaware of Cliff's drug use and were unable to deal with the situation before he left. Cliff overdosed again shortly thereafter. He was alone and this time he lost his life.

After a spate of heroin overdoses in 1995 and after encouragement by MLA Michael Moore, Mr and Mrs McConnell became founding members of Families

and Friends for Drug Law Reform, a lobby group calling for greater family involvement in drug issues as well as promoting drug policies which minimise harm for drug users and the community.

'We have tried to speak out, to remind doctors and professionals that families also count and that they have to be considered as well as the user,' Mr McConnell said.

Their advocacy has resulted in police no longer attending heroin overdoses.

Mr and Mrs McConnell were both keen advocates of the ACT's proposed heroin trial and supervised injecting rooms, proposals they say have strong evidence for reducing harm to the drug users, their families and the community.

Mrs McConnell said, 'There hasn't been as much change as we would have liked and we were disappointed that the heroin trial didn't go ahead.'

She said it was difficult at first to reveal such painful and personal details when she and Mr McConnell began speaking out.

Mr and Mrs McConnell were pleased to see greater general community awareness, better drug education and drug services which were more family oriented.

'We saw a great injustice when kids and their families were being scape-goated for problems caused by prohibition drug laws which generated huge profits for the drug cartels,' Mrs McConnell said.

## **The Space In Between**

### **Documentary About Children of Prisoners**

Children are a blank canvas upon which the world around them makes an indelible mark. When a parent goes to prison the effects on their children are traumatic, infiltrating every part of their lives.

*The Space In Between* explores the instability, alienation and social discrimination that families and children experience when a parent is incarcerated.

This little explored and considered issue is given a voice in the documentary film *The Space In Between* (17 minutes). The film explores these children's world of constant change, instability and societal discrimination. The reality is that these children end up being affected the most by the actions and attitudes of others.

Children of prisoners are riddled with shame, low self-esteem, behavioural

problems and have difficulty in making and maintaining friends. Often teased at school, a child will keep the fact that a parent is in prison a secret. Many become depressed; others lash out with violence; some develop physical manifestations of trauma such as bed-wetting and sickness.

*The Space In Between* is told from the child's perspective, giving them a long overdue opportunity to help an audience understand what it is like for them. Confidentiality of the children is maintained which will open up many opportunities to express the story visually in an impressionistic, stylised way. Visuals may include children's paintings and artwork made at play therapy sessions, playground re-enactments, and a child's point of view of walking into prison to visit the parent. The children tell their stories through voice-over from formal interviews.

Kerry Brownsey, a counsellor from the Children of Prisoners Support Group (COPSG) who works with crisis cases will give an objective overview of the effects, the highs and lows of the work. The COPSG is very supportive of the project and have been facilitating finding appropriate subjects.

The intent of the documentary is to bring community awareness about this little explored issue and to empower the children of prisoners by giving them a chance to tell their stories. The intent is also to highlight the social injustice and the human struggle of families placed in situations of high trauma.

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## A Final Review From Elly

Dear Tony and Readers of my reviews (I have been led to believe there are people who read my reviews), I have had an absolute gutful of reading books about drugs! I so desperately need to read about other aspects of life that I am reluctantly abdicating from my position as reviewer. Ditto videos. I do hope there is someone out there who would like to take over.

After five!or maybe six!years, I feel like I am on a loop. I am totally jaded about the plight of recalcitrant veins on celluloid. I have an uncontrollable urge to slap those blissed-out actors who have just taken some drug or other. I have read and re-read and I listened and re-listened to every argument on all sides of the fence until I'm blue in the face (I suppose the blessing there is that the blue covers the broken veins from all the red wine I've consumed while writing the reviews). I would like to thank the people who have let me know that they have read my reviews. I can't tell you how happy I have felt when someone has said,

' So you're Elly Inta! I've read your reviews.'

But most of all I would like to thank Tony.

Tony, you encouraged me to write. A year and a half ago someone who had read my drug reviews, and knew that I had some theatre background, offered me a position as theatre reviewer for the *Sydney Observer*. This would never have happened if you had not encouraged me. I have several other writing projects on the boil, all thanks to you. Not only did you give me the strength to see my own child through his heroin addiction but you gave me something new to focus on. Something to rebuild my life after the devastation. Thank you. Thank you.

One more thing I have to say: In relinquishing my little contribution to the magazine I feel like a bit of a heel. BUT!! I can't take any more drug stuff!!!!

Love and kisses Elly Inta

## Book And Film Reviews

### Book Review

by Elly Inta

### CANNABIS

by Jonathon Green

publ: Hardie Grant Books

Aptly named to write a book on Cannabis, Jonathon Green is Britain's leading lexicographer of slang. He is a self-confessed moderate cannabis smoker, has been since 1966, and says he has not found it to be injurious to his memory. Thus, it is no surprise that in setting out the pros and cons of cannabis, his own sentiments are demonstrated by comments such as:

*As with any other drug that has passed into recreational use, the overriding attitude to cannabis of governments and their law-enforcement agencies has been to vilify and indeed demonise it.*

Having established which way his own bias lies, however, Mr Green has proceeded to produce a beautifully illustrated book which is full of drawings and photographs worthy of a *National Geographic* publication. Some examples include artistic photographs of plantations in different locations around the world, a Nepalese woman using hemp oil for cooking and people preparing various forms of the plant for a variety of purposes. There are snaps of Robert Mitchum facing trial in America for possession in 1949, Mick Jagger in England in 1969, and Paul McCartney in Japan in 1980.

The text is aesthetically presented as well and, despite the aforementioned bias, the book is informative without being dry or boring. Jonathon Green explains what cannabis is, its history and its applications, including how it is taken up by the body to cause its effect. He reports on the cultural, religious, geographical, historical, industrial, medical and legal significance of the species, one of humanity's oldest cultivated plants.

He delineates the difference amongst the varieties and their respective uses.

As the author says, ' . . . literally thousands of papers have been produced on the drug but few are free from bias.' As he explains, it is not a pharmaceutical problem which casts cannabis as the 'bad guy' and alcohol the tolerated offender. Both sides, holding opposing views, use science to support their claims.

There is a lively chapter on global attitudes through the ages. Young girls in superstitious societies from Ukraine to England used hemp seeds thrown over their shoulders to divine their future husbands. Louisa May Alcott of *Little Women* fame extolled the romantic properties of hashish in her short story, *Perilous Play*.

In the light of America's incarcerated population, reported to be the largest proportionately in the world, and most of those inmates being there for drug convictions, the history of criminalisation is important. There is a website included of the laws dealing with cannabis in 143 countries. With the Carr Government's medical cannabis initiatives, the chapter of medical applications of the drug makes informative reading. Mr Green lists the conditions which respond positively to cannabis use and why; some are already well-known, such as Crohn's Disease and Glaucoma, and some less well-known, such as topical application for Herpes skin infections.

I must warn readers there are chapters on how to grow cannabis, how to roll a joint, how to make a bong, even recipes which sound quite yummy, e.g. Lithuanian Hemp Seed Soup.

Whether you are already dead set in your views on cannabis or not, this is an interesting well-written book which will inform, confirm, educate and entertain. And the pictures are good!

## **Video Review**

**by Elly Inta**

### **THE SALTON SEA**

Director: D.J. Caruso

Here is a film about seedy low-lives with a beginning which beguiles the viewer into expecting a deep, involving journey.

A lone trumpeter is sitting in a burning room playing his instrument, waiting for the flames to engulf him while he plays and ponders his identity. Val Kilmer is the trumpeter who questions, amid the flames, whether he is Tom Van Allen or Danny Parker. And then provocatively asks the viewer to decide. A clever ploy, an excellent hook to ensure that one keeps watching. This is followed by an interesting brief history and impact summary of methedrine.

Who would not be sucked into learning more about hearing how Japanese combatants in World War II were high on methedrine! How 1950s housewives were so incredibly fifties-perfect due to meth derivatives? The suggestion that J.F.K. dabbled? A modern guy cooking drugs in his trailer setting himself and his kitchen alight?

By this stage I had nestled in for a unique adventure. And this is the exact point where my expectations disappeared up someone's nose. From here on, this 2001 straight-to-video production indulges in serious drug-taking which becomes tedious. We have seen it all before. This is not a new slant on the old puff or snort or however one takes the drugs. Graphic extended scenes have become so passé.

Essentially we learn that Danny!well, despite asking me to decide who he is, he called himself Danny for most of the film!is a snitch. Dobbing druggies in to the police to have his own sentence commuted. In Danny's words, ' . . . for bust after bust.'

The guts of the film, of course (and I'm not a latté-sipping existentialist to have worked this out) is why is he a snitch?

Oh dear. Vincent D'Onofrio has been reduced to acting with a plastic nose (much more fake and detachable than Nicole's).

This must have been regarded as bread and butter for name actors who have fallen on hard times. Why else would Anthony La Paglia, Val Kilmer, Vincent D'Onofrio, Luis Guzman and Deborah Kara Unger (NIDA-trained) let their real names be used in the credits?

At the end of this revenge story of a hero caught between the devil and the deep, deep blue sea, there is a message. Not a coded message but a call for anyone who knows of someone with a substance abuse problem to call a number on the screen.

Oh yeah! Would you trust the motives of an outfit associated with this filmic piece of unmitigated garbage?

## **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.