

newsletter

Insight Newsletter JAN/FEB 2004

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January - February 2004

INSIDE THIS ISSUE

[Xmas Morning 2004](#)

[Volunteers Profile](#)

[Subscriptions Now Due](#)

[Insights Out](#)

[A Readers Viewpoint](#)

[Push For Legal Recognition](#)

[Amend The Law Properly](#)

[Drug & Mental Health Burden](#)

[Methamphetamine Withdrawal](#)

[Vive La Medecine](#)

[The Getting Of Wisdom](#)

[Tidings Of Comfort & Joy](#)

[FDS Library](#)

[Poppy Joy Despite Drug Glut](#)

[News From Overseas](#)

[Protecting Young People](#)

[On Up To Eight Alcopops](#)

[Decriminalising Marijuana](#)

[One-Shot Heroin Treatment](#)

[UN Reports Contradict PM](#)

[Inheritance Of Addiction](#)

[Don's Book Review](#)

[Thought Of The Month](#)

[Memorial Corner](#)

[Family Support Meetings](#)

[A Guide To Coping](#)

[Need Help?](#)

Xmas Morning 2003

Tony Trimmingham

This is the first year that my partner, Sandra, and I have been alone together on Christmas Day in the eight years since we met.

We had Christmas Eve dinner with Sandra's kids yesterday and we will be with my son and daughter this weekend. We have had a lovely morning, opening presents, relaxed breakfast, off to lunch soon and the phone calls to family and friends.

The only touch of sadness was when we de-briefed our overnight Family Drug Support volunteer Gemma at 9 this morning. She had taken a very long call from a man from the Salvation Army in deep grief. A young heroin user he was treating who had not used for 18 months overdosed and was buried yesterday. He had to use just one more time.

The old salvo was questioning everything and in need of a sense of purpose. Gemma was the right person for him although the call was hard on hershe knows how difficult it is because she has been there herself.

I don't know why I expected this year to be different but I didI thought that maybe after seven years I might get through without breaking apart.

It was a phone call from my daughter Gillian that did it. She said something really nice to me and Damien just flashed into my mind and I was gone.

Sandra reminded me of the last Christmas with himgoing to the railway station and wondering whether he would be therethe relief in seeing him and the need to get him into a shower as soon as possible. A typical Christmas for our familyhot food, silly games and important people. Damien didn't bring

presents but he got plenty we buried him in some of his Christmas clothes.

When dinner was over though, he cleared up, washed up and scrubbed the kitchen until it was spotless. He spent the next few days with us and sorted and cleaned out a storeroom and garage. It was to be our last time together. When I was sitting, crying and remembering this, I thought of the countless thousands of families who go through this every Christmas candles lit and memories of absent loved ones.

We know many of course through FDS and too many lost to drugs. But then there are all the others robbed of children, brothers, sisters, partners, friends and parents to cancer, Bali, 9/11, motor vehicle accidents, drowning, fire. The pain and loss is the same for all.

Then my mind ran to those whose family members have not died but who face continual and ongoing struggles. How many are sharing Christmas with people who don't look well, who need to take time out to use, who may or may not turn up, needing showers and a good meal those with people in prison or on the streets. What agony for families to bear!

I am sure that drug war warriors mean well (most of them anyway). I am sure that they believe their policies are the right way. I actually don't think anybody really knows until you have the problem in your own family. I don't really think you know the full extent until it's too late and they are gone!! Don't they realise that most of them would like to stop and attempt treatment over and over again?

This year I have felt tired and worn out battling the apathy and ignorance in our community. I have been so fed up at times that I have not bothered to respond to some of the media stuff I would normally have. It seems so pointless at times. The latest item to land in my mail is the detail of the new Act to make drug-taking exempt from discrimination laws. What sort of policy is it to wash your hands of people who make us feel uncomfortable?

We need our memories. It would make their lives meaningless if we forgot them and didn't feel sad because we miss them. We need these memories to stir us up and get us motivated again. Change will happen; it is happening, but very slowly with much opposition.

It is also important to remember that there are many families this Christmas whose lives are better. Some with people who have taken small steps while others have taken much bigger steps to recovery or control of their lives. For these families, life is much more peaceful and their progress is what FDS is all about.

I posted this piece on the Alcohol and Drug Council of Australia web

network, and was surprised and touched by the following responses:

Dear Tony, I just wanted to say thank you. I am currently doing my PhD (psychology) on how heroin users seek help for their drug use. I am hoping that this will help make some much needed changes in the system (eventually anyway). I have designed my study, conducted the research and am now staring at a massive pile of data feeling very overwhelmed by the idea of trying to write it up.

What you wrote about families in crisis or even just sadness helped remind me of why I do this. It also touched me when you talked of your own tiredness. For someone who is so often at the front lines it must be exhausting. I am frightened sometimes by the road I have chosen for myself. To be honest it is the work and opinions of yourself and Alex that have truly spurred me on. So when you are tired, feeling like it is all far too hard I would love you to remember that it is the next generation of policy makers that are watching and learning from you. People such as myself can learn from research we do but it needs to be driven with human experience in mind.

So once again, thank you for being one of my heroes. I hope that when my time comes I can stand for what I believe in as resolutely as you have done.

Natalie Rinehart

Swinburne University of Technology

Hi Tony, I have only been working in D&A for just over 12 months, but hope to work in the area long into the future. I have great admiration for what you do and found your e-mail very moving. My future direction is into social work and I hope very much that our paths cross in the future as all of us involved in this fight continue to try to illuminate the minds of those who do not understand the need to continue drug policy reform.

Dilip Balu, GP Liaison Officer

Wentworth Area Drug & Alcohol Service

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Dear Tony, When I returned to work this morning your Christmas Morning Update message was the first e-mail waiting for me.

'Hang in there,' as your son's generation would say. I won't say I know how you feel because I don't. Everyone's grief is personal. That doesn't mean, though, I'm not feeling for you. Just know that there are a lot of people out there who are very grateful for the help you have given and all the good you have done in the drugs arena.

My Christmas wasn't so good either. My Father died last year aged 85 after a lifetime of substance misuse tobacco. The five causes of death listed on his death certificate were all tobacco related. My mother has Alzheimers disease and doesn't know who I am. She thinks I'm a taxi driver who has been assigned to take her for drives. (There are some funny moments amongst the pain.)

And then there is my brother, dead 33 years this coming 20 July. The 'If only I had done . . .', 'If only I had been sensitive enough to see what he was going through', never stop. The pain may diminish somewhat but it never goes away. The loss is always there. In the words of the American poet, Edna St Vincent Milay, 'The absence of the presence is everywhere.' I can't look at a photo of my brother without a watery eye. I can't discuss anything about him without a full flood of tears.

I didn't intend this e-mail to become a diatribe about my concerns. I won't delete what I have written, though, because sometimes sharing grief can be beneficial. Sharing grief tells us we are not alone and that helps. Certainly, your e-mail helped me. I hope my response helps you in some small way.

Although nobody can ask others to do the impossible, keep going with your drug work if you can. You are doing good. You are helping people cope with their worst nightmare. You are appreciated. In this increasingly uncaring world you are one of the few people who make me think we can make Australia a gentler, more caring society. The phrase I have just written is used by politicians to help themselves get elected. Then that is the last we hear of it. You are different. You mean what you say.

Remember, though, as you help others you too are allowed to weep, to cry out for help. I've said that your work is appreciated. In another phrase of your son's generation, 'Society owes you big time!' Don't forget, while you are caring for others, to draw down on the enormous amount of goodwill you have amassed in the community. There are many people who have drawn strength from you and wish to give at least something in return.

Thanks for helping me keep going in what is probably the most soul destroying job I have ever had. Seeing people feeling desperate and knowing how little I can do tears my heart out.

As I said at the outset, hang in there, and, if you can, continue to give

inspiration to others who are trying to follow your footsteps.

William Fox, Planning and Research Officer

Alcohol, Tobacco & Other Drug Services

Queensland Health

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Love and hugs to you and your family this Christmas period, Tony. You are doing a wonderful job with FDS, and with all the bitching on Drugtalk, this really puts a human perspective on drug use. It has torn my family apart and left my four children without a father (not physically but in every other way), I hope that one day I will be able to help a family STAY together and recover together, however that happens. Katrina Rae (AOD student)

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Hi Tony, Thanks for sharing your thoughts. I think many of us are feeling weighed down, not just with policies against drug users, but with the general war-mongering xenophobia that's dominating the western world. The widespread popular support is especially disheartening, but we need to remember that popular support can also be swung behind sanity and humanity. Let's hope the swing has an up-beat in 2004! I'm one of many who admire you for your leadership and hard work in starting and keeping Family Drug Support going, as well as your other activities. Take care. Gabriele

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Tony, I was really touched by your email. I lost two more friends this year to ODs, both talented musicians. Anyway, please don't give up. I know that it must seem incredibly frustrating, but we need organisations like yours. Happy new year.

Jacqui Brown, Community Health Worker

Health Works, Footscray VIC

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Dear Tony, Thank you for sharing your Christmas morning with us. My wife Sue and I spent this Christmas morning alone together for the first time in the 42 years we have been married. We too, have special memories of our eldest son, who died in an accident aged 21. Christmas morning, birthdays and other days all bring back memories. Even the memories of happy times bring a feeling of sadness with them. Your posting to Update was very real for us.

I hope that in the New Year you feel refreshed and find stores of energy that cast aside the tiredness and frustration of this year. Best wishes to you and to FDS. John Brudenall

ADCA National Resource Centre

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Now Tony, I'm about to say something really nice to you will you promise not to cry? Not being family, I'm trusting that I'm exempt.

My children still live at home and as the youngest is only 7, Christmas morning remains an impossibly early event (I tried redirecting all enquires to her teenage sisters but they bounced right back again!) so I have to ask, did you and Sandra get to sleep in? I bloody well hope so. I kept Erika busy until 7:30 by feeding her candy-cane walking sticks (I'm a BAD mother), and then decided that it was time to OPEN the presents.

It's amazing how enthusiastic a tired family can become when confronted by Christmas carols played on maximum volume, and then handed a cup of tea or coffee by an enormously cheerful and wide-awake youngster.

Thank you both for putting your time, your energy, your brain and heart into helping those kids of all ages who have tumbled into the addiction treadmill. And ain't it the truth that they are usually the brightest, most sensitive and alert in the very often unquestioning, unexamined life cycle of most folk? God, very definitely, has a sense of humour (but don't try telling the sopranos that!)

Thank you for doing what others only think about doing, and thank you for keeping on doing it. You're the kind of people who keep the world a'turning.

I lost a son a few years ago and it hurt like hell, but as he was three months premature and his potential unrealised, I know that I've only a glimmer of the kind of pain you've experienced. Nonetheless, on some level, I believe that I can empathise. I won't lie and say that I count my blessings every day in respect of my kids having shown, up until now, only antipathy to experimenting with hard drugs, but it would not be a lie to say that I count them once a week. Yet if they ever did, I'd want to keep them alive for as long as it took for them to become

free and that to me, is the whole point of changing the thinking behind our current drug policy.

Hoping that you're having an absolutely lovely holiday. (If you're planning on heading North do say, I'd shout you a ticket on the Skyrail any day!) Bless you.
Lea

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Thank you for that Tony. When Tom was alive, the last five years or so (DOD: 6 March 2002; DOB 3 December 1973), he always seemed to be in a rehab. He spent lots of time in rehab I don't really know when he actually enjoyed his addiction he was always trying to get 'better'.

I remember visiting him two years before he died at Christmas, in a Gold Coast rehab facility. It was reasonably brief the visit. My mother and my other son Toby came along, we gave him presents and I wanted to hug him. He wasn't very receptive that day. Seemed to want us out of there uncomfortable with us, especially me. And I gave him some T-shirts which were great and funky and also some skin care product because he had beautiful skin but came out in massive numbers of pimples when he was using. he thought the skin care was really a terrible present preferred to it later in one of those 'You don't love me' attacks.

Another Christmas, he was in the Mater Private Hospital. He was just 'sick'. Febrile and some vague abdominal pain and very weak. I had to do some really fast talking to get the A and E doc. there to admit him. (A junkie in the Mater Private!!! Oh horror!!). It turned out to be a Staph endocarditis. A Picc line for 4 weeks with IV antibiotics and then orals after discharge which he wasn't very compliant with.

Amazing he survived that with some minor valve damage to the heart. Another time, when we were living in Melbourne and my mother and Toby (other son) and I waited at the Portsea hotel for Tom to arrive from Melbourne for Christmas lunch. Three hours later (and we stupidly did wait), he turned up on his motor bike with a new friend. They had been delayed in Melbourne because they needed to 'get on' and it took longer than they thought (this came out later). They weren't hungry either. It was miserable for a while; but later, we all went for walks and played hide and seek and other silly kids' games and had a lovely night. I miss him.

This Christmas I wasn't with Toby either, though close on the phone. I was working on the Gold Coast and he's in Melbourne. We are going to have a late Christmas together time in New Caledonia in January for 10 days, with Toby's

partner, Jamie and Jamie's mother. That should be good. Thanks again, Tony.
Liz Merson

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Thank you so very much Tony. You keep reminding me that we must never give up on these people who need our help most of all. You have my most deep regards and respects.

Scott Ellercamp

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Dear Tony, Your Christmas 2003 really moved me, although I have never lost someone to a drug overdose, I have just spent the last two weeks with a family that have been so affected by their parents' alcoholism that I would have to call them the living dead. My husband's disabled niece died about three weeks ago aged 24 years. I really believe that she had enough of this world and the family she was born into and said 'enough is enough, I want to be free' and so she went. I knew that my husband came from a family that has been severely affected by alcohol and violence, but living among them for ten days was enough to bring back all my own grief issues around the sadness of people who refuse or try to come to terms with what has happened to them in their lives. It was like looking through a glass window and seeing how they cope and the defence mechanisms used was like a slap in the face. I have cried for myself, them and all the other families in the same situation and like you, this has given me a renewed energy and compassion to go back to work, to do what I do best, listening and guiding and hopefully to look after myself better and not get so burnt out. Thank you for writing your message as it has enabled me to get some of my thoughts down on paper and know that others are feeling similar. My best to you and Sandra. Michelle Goodwyn

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Dear Tony, Your message touched my heart, when a parent loses a child no matter how old or for whatever reason you pass through a door that none of us can ever enter and we can never know what it is like. I have done much counselling over the years and always pondered what would be the hardest thing to bear and it always comes to me that it is the death of one's son or daughter. There is no way a person who has not experienced that can share that space or realise that permanent emptiness. Much warmth to you and your family in this time of remembrance, celebration and hopefulness. The AOD work is really tough and every now and then the struggle seems impossible, I am spending this year in some recuperation after six years with indigenous people in NT and WA where people will kill each other for a can of beer and it seems so pointless

and people continue to ply them with alcohol with no social conscious, but only to make money.

It is good to recharge ourselves in all this and my wishes are for a wonderful year for you and the wonderful work you do. Best wishes. Deidre

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Dear Tony, Thanks to you and FDS for the great job that you do.

I will always remember meeting an architect in 1985 in Brno, my mother's home town in what is now the Czech Republic. His life had been ruined by communism but he was not bitter. We stood on his tiny balcony overlooking a small city square. He said wistfully, recalling the two occasions when he had seen his country invaded and seen family and close friends collaborate with the enemy. 'I realised,' he said, 'that not all the communists were bad people and not all the anti-communists were good people.' That's true. Not all. But by and large, it's hard to find a lovelier crowd than the harm reduction/drug law reform fraternity and the zero tolerance brigade has more than its share of people you wouldn't want to spend much time with. It's comforting that we are slowly getting there. Best wishes to you and Sandra and all your family.

Alex Wodak, Director, Alcohol & Drug Service

St Vincent's Hospital, Darlinghurst

Dear Tony, I have read your post over and over. Each time I got something out of it and feeling differently each time, depending on my mood. I don't believe that any one effort, no matter how small, will be wasted, not especially yours.

I have not been actively involved with FDS activities but the website and newsletters have kept me going.

Even though I am not a volunteer, I have often had the opportunity to use my experiences from the meeting and training that I have learnt from FDS to help ease the pain of others (especially mothers regarding their children) whether relating to drugs or not. My experiences have taught me not to judge others, learn to accept others as they are, and to be positive. I have learnt to focus on what I can do and let go of what I cannot control.

What you said in your post is so true that most people don't know what it is like until they experience it themselves. I would have been one of those people who support war against drugs. I have found it hard to understand people who do things that can hurt others (physical or mental) over and over, especially what

children are doing to their parents (the people whom they love the most).

Many people can be sacked from their work if the new discrimination law is in force even though they are good workers. I wonder if the government ever measures how much the country would lose if these people have no jobs. Then they would be doing crimes rather than travel the road to recovery.

I wonder whether the government ever realises how many working people are also drug users. How many people turn up to work with a hangover and cannot do their jobs properly because they've had a big night drinking? How many working hours are lost because people have a cigarette break? How many health hazards and bad environments are caused by people who smoke cigarettes? Are these people included or exempted from the new law?

Good luck and be positive for the new year. Songsri.

Tony, your pain is our pain and we can relate. I hope it helps to know I would not have been able to cope if not for this site. Nothing can replace your beautiful boy. You have helped many in their times of need by just having somewhere to vent or share their pain. My thoughts are with you. Gail

Volunteer Profile

I am a volunteer for FDS and proudly so, and thank you Bruna for wishing myself and many others for a happy Christmas and happy new year. I am proud to be part of a service that is vital to those in pain who need support and empathy people such as mothers, fathers, brothers, sisters, grandparents and loved ones in silent pain, grieving for those whom they love who are dependent on illicit drugs or loved ones who have died. These are all good people and so are the ones they love, the ones who are dependent on drugs.

I have taken many calls on my shifts with FDS from loved ones in pain. It is a very humbling experience and one that I am proud of and if I can give comfort and make a difference to the lives of those in pain, then I have done my job.

These are the many thousands of forgotten people who are traumatised, ostracised, demonised, marginalised and in many cases, maimed for life, and most of these obscene outcomes are caused by the 'tough on drugs' policy, a policy that the thugs who enforce it have the gall to say is working.

I thank you, Tony and Sandra, for your help during the year and wish you both a happy Christmas and new year. You are certainly an inspiration to me and I am sure to many others.

Subscriptions Are Now Due

We need your support! Please renew

to continue receiving your **FDS Insight** bulletin.

Insights Out

A happy new year to everyone and may 2004 bring peace and progress to everyone's family.

As we look ahead we see a year with lots of activities and events and hope to see a consolidation of FDS services, as well as some progress in policies and treatments.

As I write, the latest statistics from the telephone line suggest that the heroin shortage is over. We are getting a higher percentage of heroin calls than we've seen for over two years. Speed, cannabis and alcohol all bringing lots of problems to families. Getting support is vital for those struggling in isolation with the many problems that drug use brings to families. One of our aims is to introduce open support groups to more areas and regions.

The new year also means subscriptions are due. If you have re-subscribed, we thank you but a large number of you have not yet got around to it. We really value all our subscribers we need your help to exert influence and to keep providing the services we provide, especially the *FDS Insight*. We hope you enjoy receiving our booklet and will update your subscription now. We want to make this bulletin as topical and relevant as possible. We like feedback tell us what you want! We also like to get personal stories, especially positive ones. Send them in.

Don't forget this year sees the International Harm Reduction Conference in Melbourne. We are hoping to take a group of family members to represent FDS. Please ring the office on 9798 0001 if you are interested in being involved.

Sandra and I are travelling to England to speak at two conferences the Second National Treatment conference in London and the Partners in Prevention Prisons conference in Birmingham. We are also going to have a holiday! So we will be leaving things in the hands of Bruna, Rose and some dedicated volunteers. It

will be hard letting go of things for six weeks but important for our sanity!!!

All the best, Tony T

A Reader's Viewpoint

FDS Insight December 2003

As it is with Jenny and Ben so my story goes also, except my son has not been in jail but very close to it. Only the diagnosis of schizophrenia (as well as drug dependence) kept him out; he is currently serving a corrections order. But the love and support has been the same and we have a really great relationship now and Lee has found friends and more productive ways of spending his time.

The other thing is also as Jenny stated it was finding out about FDS that taught me how to cope and therefore being strong enough to offer 'tough love' when necessary, and unconditional love when necessary.

I had not been able to find anything local and like the other story, I am a Christian and was very involved in the local church but there were no prayers offered, no moral support for me or my son, only the offer of 'reading the riot act' to my son by the Pastor. A point I would like to make about this is, yes, there are many places out there to help, but the immediate trauma fogs the brain and one turns to those nearest that we want support from. One cannot think laterally because most people think it is the parents' fault when a child gets caught in this addiction and/or that it is the person's fault. That is why they turn to crisis lines to talk anonymously and hope for a someone to help them find the service near them.

Fortunately I was able to give it all to God to sort out and as stated there is definite improvement. This was the only option I had as my son had trashed my house and I was terrified for my well-being, I had to move town, find another job and another house to live where my son could not find me, my mother died a month after this incident, so I had lost everything that was my life at that time.

I had given my pastor permission to tell people what had happened and gave my phone number for anyone to call to find out how we both were but there was not one phone call between then and now.

FDS was my support.

Both my son's life and mine are going very well now, he helped to build my new home and I visit him a few times a week to stay in touch.

I also have a Certificate in Crisis Counselling, because I felt I had been fortunate in this drama of life and hoped I could pass on some comfort to others in the same situation, as I had been given. I believe it is knowing about something that is troubling that brings enlightenment and the ability to cope.

Thank you for your dedication and commitment to families and I send positive words of hope to others.

Barbara

Grandparent Carer Push . . . Legal Recognition

Simon Kearney, The Sunday Tasmanian 23/11/03

The Federal Government is considering giving grandparents legal and financial recognition as default guardians for their grandchildren.

The move is a key recommendation of a Government-commissioned report on the issue that will be released today.

'Many grandparents feel they are caring for their grandchildren with little recognition from governments or the community,' said Minister for Children Larry Anthony.

'They also feel that they do not have enough information or understanding of legal issues regarding custody of their grandchildren, and little knowledge of support that is available to them.'

New figures show nearly 30,000 Australian children are being raised by their grandparents instead of their parents, more than twice the number of children in foster homes.

The Commonwealth departments of family and community services, health and ageing and attorney-general have formed an interdepartmental taskforce to consider the report's recommendations.

The report, completed by Australia's peak seniors body, COTA National Seniors, found that thousands of grandparents had their lives turned upside down by being suddenly forced to care for grandchildren.

Nearly 500 grandparent carers spoke to the report's authors.

Many said they had to fight in the courts to get legal recognition to enable them to care for grandchildren who were often abandoned by parents addicted to drugs or at risk due to violence at home.

'Overwhelmingly the problems start with parents who are drug-affected,' National Seniors director Patricia Reeve said.

'Legal recognition is very important.'

The report's other recommendations include creating support groups for grandparents caring for their grandchildren and opportunities for respite care , to give grandparents a break.

Mr Anthony said the Federal Government was committed to helping grandparents who were raising their grandchildren.

Ms Reeve said anecdotal evidence showed the number of grandparents caring for their grandchildren full-time had doubled during the past decade, mirroring similar increases overseas.

Amend The Law Properly

Matthew Pinkney, *Herald Sun* (Melbourne) 8/12/03

You've worked long hours, driven a tatty car for years and can't remember the last time you ate at a decent restaurant.

But it's been worth it, because finally the struggle to get your fledgling business off the ground is paying dividends.

You've started to make some money, but rather than take an expensive holiday with the family you decide to expand by employing an extra assistant.

At first your new worker, Charles, seems fine occasionally a bit edgy but otherwise pretty much what you had hoped for.

After a while, however, you notice that his demeanour changes as the day wears on and sometimes his hands shake a bit when he picks up the phone.

Still, he's doing his job and seems like a nice enough bloke. That's until one of his workmates draws you aside and reveals that he saw Charles taking tablets at a party.

Furious, you confront him and after several denials he breaks down and admits he is a regular use of amphetamines.

That night you mull over the situation with your partner and reluctantly decide that a family business can do without a junkie on staff particularly when there are so many other young people desperate for jobs.

But having put the unpleasant situation behind you, you one day receive a letter stating that Charles believed he was unfairly discriminated against and that if a tribunal agrees, you could be subject to restitution, a re-employment order and potentially crushing fines.

Suddenly, all your plans and hopes begin to slip away . . .

Happily, businesses, landlords, schools, universities, sporting and other clubs won't need to worry about such scenarios for much longer.

Under a proposed amendment to the Disability Discrimination Act, it will no longer be discriminatory, and therefore illegal to sack anyone who is addicted to illegal drugs.

And it will no longer be illegal to refuse such people accommodation, club membership, enrolment for education and a range of other goods and services.

Promoting the amendment, new Attorney-General Philip Ruddock says: 'The general community also has a reasonable expectation that it can be lawfully protected from the harms and risks posed by another person's illicit drug addiction.'

The Australian Chamber of Commerce and Industry is in furious agreement and if all goes to plan, the amendments will soon be law.

On the face of it, there would seem little reason to object to the amendment. After all, shouldn't people who become addicted to illegal drugs expect consequences?

And in the case of Charles, why should a speed-head get to ruin a family business because he's too weak to say no to drugs?

Well, unlike the government's proposed solution to these questions, the reality is far more complicated.

Replace Charles with an alcoholic who regularly threatens his wife and children

and screams abuse at his neighbours and suddenly the dismissal is illegal again.

It would also be illegal to sack a pokies addict who you fear may reach the point where they're tempted to steal from you.

Ditto the worker addicted to prescription drugs, many of which contain compounds from the amphetamine family.

More importantly, the unamended act would have allowed Charles to be dismissed if his addiction prevented him from 'fulfilling the inherent requirements of the job'.

And if keeping him on could be shown to cause 'unjustifiable hardship' to the employer, his dismissal would be, again, legal.

No one should be forced to employ or retain someone who can't do their job because they have a drug problem.

But if that problem isn't affecting their work, is it fair to single them out from those with equally-damaging, but legal, addictions?

It's more than just a philosophical point, as compared with alcoholics, gambling addicts and prescription pill-poppers, illicit drug-users tend to be much younger.

Exclude them from work, from education, from clubs or somewhere to live, and you're planting the seed for a far bigger problem.

According to recent US research, addiction treatment can be extremely effective, with measurable benefits on a subject's family, work and community lives.

And according to British research published on Friday, 47% of 17 to 24-year-olds have experimented with illegal drugs, suggesting it's this generation that could be most exposed by Mr Ruddock's amendment.

So we have a choicemake extra commitments to proved programs that can restore the life prospects of a large number of young Australians, or consign them to an early scrap-heap with insufficiently thought-out legislation.

Prisons Cannot Handle Drug And Mental

Health Burden, Reports Says

Geesche Jacobsen, *Sydney Morning Herald* 2/1/04

A majority of prison inmates are mentally ill or abuse drugs and the system cannot cope, a new study has found.

The report by NSW Corrections Health recommends all mentally ill offenders should be transferred from jail to secure mental hospitals because the current system lacks resources and cannot handle the demand.

A large group of extremely psychologically disturbed inmates posed a 'staggering' burden on prison authorities and health services in jails.

'What is clear from this report is that the mental health needs of the prisoner population are considerable compared with those of the general community and that a large unmet need exists,' wrote the chief executive officer of Corrections Health, Richard Matthews, in the foreword.

The report includes a survey of a sample of nearly 1000 inmates on remand and after sentencing, in early 2001. It concluded that about 40 per cent of inmates were mentally ill and half abused drugs.

Fewer sentenced prisoners suffered from psychiatric disorders than inmates who had just entered jail. Homelessness, stigmatisation, increased drug use, inadequate community mental health facilities and a greater chance of being arrested were among 'probable reasons for the high number of mentally ill people in prison'.

Overall, nearly one in 10 inmates experienced psychoses, hallucinations, delusions and the inability to make rational decisions in the year before being surveyed. (This proportion is 30 times higher than in the general population.)

About one in five of those surveyed suffered a mood disorder, such as depression or mania, while almost every second inmate had experienced some form of anxiety disorder in the year before being interviewed.

Sixteen per cent of prisoners had suicidal thoughts and 5 per cent had actually attempted suicide, the report found.

Each day 25 new prisoners entered the system requiring detoxification. The

survey found that two-thirds of newly received inmates and almost 40 per cent of those who had been sentenced were drug-dependent, with heroin and other opioids the most common drug.

The report called for drug and alcohol rehabilitation treatment to be integrated with treatment for mental illness. Prisoners also needed better programs, such as cognitive behaviour therapy, better treatment and rehabilitation, it found. Current procedures and recourses should be reviewed.

A service should coordinate the treatment and rehabilitation of offenders and more secure hospital facilities should be created. Better facilities would also allow magistrates to divert those charged with minor crimes into treatment, it suggested.

Methamphetamine Withdrawal Similar

To Depression And Anxiety

MEDIA RELEASE 5/1/04

Results of a new study indicate that people who have recently stopped abusing the powerfully addictive drug methamphetamine may have brain abnormalities similar to those seen in people with mood disorders. The findings suggest practitioners could improve success rates for methamphetamine users receiving addiction treatment by also providing therapy for depression and anxiety in appropriate individuals. The study is published in the January 2004 issue of the journal *Archives of General Psychiatry*.

'Methamphetamine abuse is a grave problem that can lead to serious health conditions including brain damage, memory loss, psychotic-like behaviour, heart damage, hepatitis, and HIV transmission,' says Dr Nora D. Volkow, director of the National Institute on Drug Abuse (NIDA), National Institutes of Health, which funded the study. 'Currently, no medication exists to treat abuse or addiction to amphetamines or amphetamine-like compounds; however, drug counsellors and other health professionals have successfully used behavioural interventions to treat addiction. Treatment outcomes may improve if associated mental conditions are addressed concurrently with addiction.'

Dr Edythe London and her colleagues at the University of California Los Angeles, the University of California Irvine, and NIDA's Intramural Research Program used positron emission tomography (PET), a technology to image brain activity to compare glucose metabolism in the brains of 17 methamphetamine abusers who had stopped using the drug 4-7 days before their participation in the study, and 18 non-abusers. The methamphetamine abusers averaged a 10-year history of drug abuse that included consuming an average of 4 grams of methamphetamine per week. They said they had used the drug at least 18 of the preceding 30 days.

All participants responded to questions about their drug use, and underwent a PET scan to measure how their brains used glucose while they performed an attention task. On the day of the scan, participants rated their symptoms of depression and anxiety. The methamphetamine abusers also rated their cravings for the drug within 48 hours of the scan. The scientists found that methamphetamine abusers reported higher ratings of depression and anxiety than non-abusers.

The PET scans showed that the two groups exhibited significant differences in glucose metabolism in specific brain regions. In methamphetamine abusers,

glucose metabolism was lower in brain regions linked to depressive disorders, depressed mood, and sadness. It was higher in brain regions linked to anxiety and drug cravings.

'Improving our awareness of substance abuse as a condition that does not exist in isolation will contribute to more effective prevention and treatment interventions,' says Dr Volkow.

[Back to Index](#)

Vive La Medecine!

Evan Thomas

The English Guardian newspaper has reported two serious problems that the French Government is addressing. The first is the consumption of mood-altering prescription drugs.

Nearly one in four French people are on tranquillisers, anti-depressants, anti-psychotics or other mood-altering prescription drugs. An average of 40% of men and women over 70 are routinely prescribed one of this class of drug and 4% of children under 9. The French now consume three times as many tranquillisers and anti-depressants as the British, Italians and Germans.

The French Health Minister, M. Jean-Francois Mattei, faced with a budget overrun of \$9.9 billion announced that the Government health services would no longer reimburse the cost of 900 [out of 4300 prescribed items] so-called medicines because evidence was lacking that they had any recognisable medical effect.

They included remedies such as 'bronchial lubricants' for the lungs, 'hepatitis protectors' for the liver, 'veitronics' for the circulation and 'choloretics' for the bile. A vast array of medicines exist in France for ailments that do not appear to exist anywhere, such as la crise de foie [liver crisis].

A dangerous dependence on mood-altering drugs is an altogether more serious problem. The question is: Is it the unique French attitude towards illness, memorably portrayed in Moliere's 17th-century comedy *Le Malade Imaginaire* that has driven them to drugs, or the excellence of the French health system.

The World Health Organisation rates France's health system the best there is.

[Back to Index](#)

The Getting Of Wisdom

Reverend Bill Crews, Minister Ashfield Uniting Church

What I now know about . . .

Christmas Begins in July and finishes in March.

Feeding a crowd Make sure the food is tasty, with plenty of gravy.

Family Never a dull life.

Power Often used wrongly.

Politics About power.

Love In the world as it is today, if you get five minutes in your whole life, you're a lucky person.

Age I have this theory that nuns and old Methodist ladies never die they just keep going.

My body Where is the sunscreen?

Money There never seems to be enough.

Gifts We need two tonnes of 'em by Christmas Day.

Happiness is somewhere safe to sleep at night.

Loss/death I can't believe my grandmother would be 115 this year. It's like she's still with me.

Volunteers The good heart of the nation.

Food When freely given away, we receive more donations of food than we can cope with. When we get mean with food, the donations dry up.

Wealth We should share it around more.

Faith Loudly proclaimed, doesn't necessarily make you holy.

Regrets No use wasting time on that. There is too much to do now.

Music My parents complained about my music. Now I complain about my children's.

Tempers Technicolour speech.

Human nature Always unpredictable.

[Back to Index](#)

Tidings Of Comfort And Joy Drugs

Alex Wodak, Director Alcohol and Drug Service, St Vincent's Hospital

The good news about illicit drugs is the increasing worldwide support for a drug policy based on evidence rather than prejudice.

In 1971, US president Richard Nixon discovered that the 'War Against Drugs' was a political Viagra for ageing male politicians gradually losing their electoral potency. But the world now faces its most serious public health problem since the black plague. Injecting drug use is today the major or second major factor in HIV infection for 90 per cent of the world's population. Slowly but surely, populist, short-term approaches to drugs are being replaced by longer-term, evidence-based approaches. Drugs, considered a criminal justice issue for more than half a century, are now increasingly being redefined as primarily a health and social problem.

My interest in this area began 20 years ago when it became apparent that Australia faced a major threat from AIDS. In 1986, after more than a dozen of my submissions for a pilot needle exchange program had been rejected or ignored, my colleagues and I started the first one in Australia.

Within a couple of years, all states and territories had established legal needle exchange programs.

In 2002, a report commissioned by the Commonwealth Department of Health estimated that needle exchange programs had, by 2000, cost governments \$122 million, prevented 25,000 HIV infections plus 21,000 hepatitis C infections, saved at least \$2.4 billion and, by 2010, would have prevented 4500 deaths from AIDS. Harm minimisation is now the mainstream drug policy in Western Europe, Canada and New Zealand, and has been endorsed by the International Red Cross and many major UN bodies. Prime Minister John Howard still strongly supports zero tolerance and consequently there has been some recent ambiguity in Australia's drug policy. But prime ministers come and go.

Our real task is to learn how to better manage drugs. We cannot repeal the law of supply and demand. The good news is that more people are now finally

accepting reality.

[Back to Index](#)

FDS Library

Over a period of time, FDS has built a rather extensive library of assorted resources: books, videos and papers. We can't possibly read them all, so we'd like some help. If you are a volunteer or subscriber, we invite you to come in for a browse. If anything appeals, speak to an FDS staff member to register your loan.

There are only three conditions: (i) Loans are limited to two items per person at any time; (ii) Loans are limited to four weeks per borrowing period; and (iii) Loans must be registered with FDS staff.

To ensure that all can benefit from this facility, if anyone has any borrowed items that exceed the four-week loan period, could you please arrange their prompt return. This will mean that the library becomes a resource that can be enjoyed by all.

PS: We are always looking for assistance and if anyone is able to spare some time to come in and help Vicki with the cataloguing and sorting of books in the library, we would be most grateful. Please phone the office on 02 9798 0001 to discuss this further.

[Back to Index](#)

Poppy Joy Despite Drug Glut

The Mercury 7/1/04

Tasmania's poppy harvest is under way amid a global oversupply of legal narcotics.

Poppy Advisory and Control Board manager Terry Stuart said yesterday about 13,000ha of poppies had been sown across the state this season compared to about 18,000ha last year in a bid to correct oversupply. But he said the industry, which had a farm-gate value of about \$50 million and an overall worth of more than \$200 million, remained in good shape.

Tasmania supplies about 40 per cent of the world's legal, pharmaceutical-grade narcotics material, making it the largest global producer of poppy alkaloids. Used to produce pain-management drugs including codeine, morphine and thebaine, poppies are grown by about 950 licensed farmers for processors

Tasmanian Alkaloids and GlaxoSmith-Kline.

Tasmanian Alkaloids field operations manager Rick Rockcliff said the harvest had started on a small scale this week. 'It's a bit like the side show before the main event (next month),' he said. 'We have significantly reduced the area sown, but we have had two exceptional seasons. This is, as much as anything, a correction factor for that. There is still a world oversupply of legal narcotics, so the market's a bit soft price-wise. It is a difficult period at the moment for everybody, including the farmers but we are optimistic about the future.' Mr Stuart said Tasmania was holding its market share as investment continued. 'I wouldn't mind putting my money on a small increase in crop size next season,' he said.

[Back to Index](#)

News From Overseas

Afghanistan

Poppies Return To Fields Of Despair

At the entrance to the thriving village of Ghanikbel in Nangahar province is an old bent metal sign that reads: 'Drug abuse is the greatest evil of society. Let us save ourselves, our children and our society'.

But in the surrounding fields, farmers feverishly ploughing the rich, dark earth have only one crop in mind: opium poppy.

'Everyone is growing poppy now, and there's no way to stop it,' said Amar Gui, 50, an illiterate farmer. Growing wheat on a half acre of land could bring the equivalent of \$70 a season. Gui explained. 'That's not even enough to pay for fertiliser,' he said. 'If I grow poppy, I can earn about \$1230. That's enough to buy fertiliser, feed my children for the year and maybe even buy a refrigerator.'

Two years ago, Afghanistan was virtually poppy-free. The country's strict Islamist rulers, the Taliban, banned the crop in mid-2000, and it soon vanished from the fields. But in recent months, with deterrence efforts weak and sporadic under democratic rule, opium poppies have made a spectacular comeback.

According to a report released last month by the UN Office on Drugs and Crime, Afghan poppies whose sap is the basis for three-fourths of the opium and heroin consumed illegally abroad are being grown on 80,000 hectares across 28 of the country's 32 provinces. This year's crop will be worth an estimated \$2.3 billion, equal to half the country's gross domestic product.

'There is a palpable risk that Afghanistan will again turn into a failed state, this time in the hands of drug cartels and narco-terrorists,' wrote Antonio Maria Costa, executive director of the UN anti-drug program.

Since taking office in late 2001, the UN-backed government of President Hamid Karzai has made several failed efforts to curb poppy production and trade. Last year, with financial assistance from Britain, the government promised cash and development projects to farmers in Nangahar who planted alternative crops or allowed their poppies to be destroyed.

But Afghan anti-drug officials in Nangahar said the trouble-plagued program, which was suspended after protests by farmers, only reinforced local resistance to crop eradication and substitution. (Washington Post)

Pam Constable

The Age 6/12/03

Thailand

Thaksin In Crossfire As Nation Questions Deadly War On Drugs

It was supposed to be a birthday gift from the Thai Prime Minister.

Thaksin Shinawatra, having dedicated the year to his 'war on drugs', told King Bhumipol Adulyadej earlier this month that the success of his three-month campaign, during which 2624 people were shot dead, demonstrated his loyalty to the monarch.

But along with praise for his efforts, Thaksin received a royal chiding. The king, though declaring the deaths were a 'small price to pay' to crack down on the drug trade, joined human rights groups and victims' families in demanding an explanation for the killings and reminding Thaksin that as the self-declared CEO of the country, he was responsible.

Thai police responded to the request by releasing a breakdown of recent deaths, declaring that only 1329 of the 2849 shot dead between February and May were a result of the drug war. Police general Sant Sarutanond said the other 1520 deaths were 'normal' statistics for homicides in Thailand. He said the revised figures, released without explanation or apology for the discrepancy, were a 'high rate', but he justified the killings as a result of government policy.

'It is a policy that for three months we have an order for a war on drugs to win decisively the drug problem,' he said. 'I don't know how to do that without having any dead . . . I don't know what kind of war that would be. If there is no dead or injured, why is it called a war?'

Police have accepted responsibility for only 72 of those murdered during that period, saying officers were shooting in self-defence or to protect civilian life.

Until the king's intervention, Thaksin who has since declared wars on 'dark influences' (corruption), illegal firearms and poverty had managed to shrug off domestic and international condemnation, largely because his actions were widely applauded by the Thai public, who were shocked by the growing effect of methamphetamines on the country's youth.

The campaign reflects a move by regional politicians to implement populist anti-crime policies ahead of looming elections. Along with Thaksin's crackdown, the Thai Government has begun executing hundreds of death-row prisoners, using lethal injections after a decision to abolish public execution. And the Philippines is expected to resume executing prisoners next month after President Gloria Arroyo, fighting re-election in May, overturned her own moratorium on the death penalty against the opposition of the powerful Catholic Church.

The revised Thai figures are little comfort for Nittaya Choosri. Her mother, Samnieng Choosri, was shot dead in February as she waited for a soft drink she had ordered from a neighbour's stall.

After the drug war started, Samnieng was subject to many visits and searches by police, during which she was told she was on a 'black list' because her daughter was serving an 11-year sentence for possessing 93 methamphetamine pills, known locally as yaba.

Two days before her death, a police officer came to see her. 'He said he just wanted to look at her,' her daughter said. Two days later a masked man on a motorbike rode up to a neighbour's porch, said 'I'm sorry', and shot Samnieng in the head and chest. He rode slowly away, taking off his mask and smiling.

'He was just so calm as he rode away,' said Nittaya, who is convinced her mother was shot by police, and claims police have since told her they will plant

drugs on her if she stirs up trouble over the death. 'I agree we have to conquer drugs, but not like this. Why do we have laws if they are not used and innocent people are killed?'

Human rights groups, including the newly established National Human Rights Commission of Thailand, echo such sentiments.

Commissioner Vasant Panich still believes in the accuracy of the initial police figures given to the commission in May which listed 2624 deaths in the drug war.

Vasant says most of those who died were on the Government's hastily drawn up black list, set up as soon as Thaksin ordered the crackdown. He claims the black list allowed people with business disputes or just envy to report names, leading to those people's deaths.

'If the statistics are less, then the Government should pay compensation to those families,' he said.

So far, 27 families have listed grievances with the commission. In one example, Vasant says, a man shot dead in his home was taken to hospital and extensively X-rayed in his underwear while police and family members were in the room.

Later, police ordered the family out and then claimed they found 100 tablets of yaba in his underpants, rejecting doctors' claims this had not shown up in the X-rays.

'Drugs have become embedded in Thai society and it is a difficult problem to solve,' Vasant said. 'So when the Government announced a program to fix drugs it touched the hearts of the people. But this is the worst human rights violations in Thailand. And it comes from an elected Government. Even (Thailand's military) dictators were not as bad as this.'

Kimina Lyall

The Australian 22/12/03

United States

'Noble Experiment' Ultimately A Failure

The Point: Prohibition as a war on alcohol bears a likeness to the war on drugs

There are plenty of historic dates we commemorate in the United States. One

anniversary, however, passed with little note, 5 December, the 70th anniversary of the end of alcohol Prohibition, which came with the ratification of the 21st Amendment in 1933.

There aren't that many people around who remember the failed effort. But in South Texas, the *Valley Morning Star* (newspaper in Harlingen) found a 97-year-old San Benito resident who summed up Prohibition's success with six words: 'It didn't stop people from drinking.'

This 'noble experiment,' as its proponents called it, began with the ratification of the 18th Amendment on 16 January 1919. After the Volstead Act passed, it was illegal to make, sale or transport 'intoxicating liquors' anywhere in the United States.

Not that this law stopped anyone who really wanted a drink.

Some made their own beer or drank booze smuggled in from Mexico. Those close to the US/Mexico border easily could circumvent the law by crossing the Rio Grande, where it was legal to serve alcohol.

All over the United States, citizens thumbed their noses at a law attempting to regulate their personal behaviour. The lofty goal of saving helpless Americans from the demon rum ran headfirst into the reality that it's impossible to protect people from themselves. People who liked beer, wine or liquor refused to give up something that gave them pleasure, even though other people considered it a vice. Sure, some people were abusing alcohol, but the cure was worse than the disease.

'Although consumption of alcohol fell at the beginning of Prohibition, it subsequently increased,' according to a 1991 analysis by the libertarian Cato Institute. 'Alcohol became more dangerous to consume; crime increased and became 'organised'; the court and prison systems were stretched to the breaking point; and corruption of public officials was rampant.'

Sound familiar?

The United States reversed its stance on banning alcohol after citizens saw what a disaster Prohibition had become. Unfortunately, our elected leaders haven't learned from history.

Just like alcohol prohibition led to the rise of organised crime in the 1920s, today's ban on certain narcotics has done nothing more than increase drug cartels' profits. When a substance is kept artificially expensive, someone will move to fill that market.

Seven decades ago, the citizens of the United States realised they had made a mistake and they fixed it. Today, there are plenty of Americans from all walks of life including police officers, judges and politicians who realise that our current drug prohibition is doing nothing but increase profits for the drug suppliers, soak up tax money to pay for prisons and law enforcement and erode our civil liberties as we endure traffic stops, personal searches and other indignities.

However, many politicians are still too scared of being called 'soft on crime' to come to their senses and realise our national drug policy needs to change.

Let's hope that historic date comes sometime soon.

Odessa American, 16/12/03

Bolivia

Bolivia's Drug Crisis Worsening

While the Bush White House publicly brags about reduced coca production in South America's Andean region, there is dismay behind the scenes in the US intelligence community. A recent classified National Intelligence summary reported there is not any scenario under current conditions that will continue aggressive eradication in Bolivia of the crop used to produce cocaine. That threatens the unravelling of the US anti-drug program based in Colombia.

The problem with the program, begun by the Clinton administration, is focusing South America entirely on counter-drug objectives rather than counter-insurgency concerns. The result in Bolivia has been deepening political turmoil after pro-coca forces helped oust a pro-American president.

US preoccupation with the Middle East and Central Asia ignores what is happening next door amid rising influence of a new clique of leftist, anti-American leaders. Evo Morales, Bolivia's rising radical, and Fidel Castro, Cuba's dictator, both were in Caracas 21 and 22 December to meet with Venezuela's leftist President Hugo Chavez. That was preceded by Jimmy Carter's visit to Bolivia, where the former president, praising Morales as an 'impressive' leader with a great future, undermined US counter-drug policies.

These ominous developments have not been mentioned publicly by official Washington. 'White House hails drops in coca cultivation in Bolivia, Peru' trumpeted the State Department propaganda apparatus on 25 November. A close reading of the handout reveals that coca production in Bolivia, not linked with Peru, actually increased in 2003.

Beyond numbers, the official US line has little to do with reality. The backlash to US-sponsored coca eradication in Bolivia was behind the violent ouster 17 October of Washington's friend in La Paz, President Gonzalo Sanchez de Lozada. US officials who have been there believe the momentum is rising.

On 11 December, suspected ELN-B terrorists, who are coca growers in the Chapare region and members of Morales' Socialist Movement, were arrested. They were released four days later after Morales talked to President Carlos Mesa. On 12 December, explosives were thrown at a US-funded rural electrical project, substantiating complaints by US aid personnel that they are unprotected. On 17 December, three ELN-B operatives were arrested for transporting a large cache of 81mm shells to Chapare, a centre of coca eradication.

To combat these developments, the United States in the last year provided only \$500,000 for Bolivia's military and police compared with \$90 million for coca eradication. Bolivian security forces are well equipped for anti-coca operations in the jungle but have been given neither equipment nor training to maintain public order even for a single day.

Here is a latter-day domino effect. Dissenting officials in the US government believe Bolivia is becoming what the Pentagon calls an 'ungoverned area.' They fear that Colombia's narcoterrorists will switch their growing and processing

operations to Bolivia, making irrelevant US counter-drug policy in Colombia. That prospect is privately viewed by Colombian officials as fully realistic and as a catastrophe, returning the situation in the Andes to where it was in the bad old days of the 1980s.

As this crisis built in La Paz, Carter arrived there on 17 December. Morales, seen by US officials as behind the ouster of President Sanchez de Lozada, had just threatened to bring down Mesa's government if eight ELN-B terrorists were not released. Carter sat down with Morales to tell him he supported a pause in Chapare coca eradication while the United Nations studies the program. So much for US policy.

Carter also expressed support for land-locked Bolivia's revanchist dreams of acquiring access to the sea by regaining lost territory from Chile and Peru. In Caracas, Chavez revealed he 'had dreams of swimming on a Bolivian beach.' In Havana, Castro promptly voiced support. These developments were duly noted by a few, but mostly ignored in Washington. **Robert Novak**

Chicago Sun-Times (IL) 5/1/04

[Back to Index](#)

Protecting Young People From Alcohol-

Related Harm: A Tragic Lesson Learnt

Bruce Clark, *CAAN Communique* 11/03

A typical weekend turned into a nightmare. Our 15-year-old son Leigh failed to return home from a dance that he was attending on a Friday night. We did not know he met some school friends and, instead of going to the dance, he went with them to a nearby house where an impromptu party was in progress. About 16 kids were at the party. The oldest was 16, the youngest 14. Most of them had alcohol. Some had bought it themselves; some had brought it from home. Leigh did not have any booze with him when he left home. He did not have enough money to get into trouble. Or so we thought.

The owner of the house, the mother of one of his friends, took some of them to a bottle shop where she purchased three bottles of Vodka Imitation Essence on their behalf. It was cheap (less than \$5) and powerful (over 75% alcohol by volume); twice the strength of regular vodka. It was common for kids to mix it with soft drink to make a potent homemade cocktail. For \$15 they had the equivalent of three 750-ml bottles of full strength vodka.

Leigh became intoxicated at the party. No one knows how much he drank. Our calculations suggest he had the equivalent of 20 standard drinks in 30 minutes, leading to a BAC over 0.3g/100ml. (The coroner accepted these calculations as valid.) Soon he was unable to stand or walk properly. He was staggering and falling down. When he announced he was walking home, his companions inexplicably let him go. He was last seen heading across a vacant patch of ground behind the shopping centre towards home. He got 300 metres and collapsed in a heap on the muddy ground. Despite an intense search by family and friends he was not found until the following Sunday. (Police refuse to search for teenagers until they are missing at least 48 hours.)

We believe alcohol killed Leigh. It put him on the ground and kept him there in terrible wet and cold conditions at a dangerous level of intoxication. It was estimated that he died some time around 1 pm on the Saturday afternoon. His final BAC was 0.17g/1ml. We assert alcohol killed him through either heart failure or respiratory failure. Despite evidence from some of Australia's top alcohol experts, the coroner deemed the cause of death to be 'hypothermia in a setting of severe intoxication'.

Many things went wrong that night. We may never know the full story. But without doubt the death of this young man can be fairly blamed on alcohol.

As a society we can no longer tolerate the harm alcohol causes our young people. We have to recognise alcohol as a dangerous drug. Stringent controls are required to reduce its appeal and availability to our youth. Parents need to understand the serious consequences, including death, that may result from supplying alcohol to kids.

Enough is enough!

[Back to Index](#)

Girls, 12, On Up To Eight Alcopops

Kate Gauntlett, *The West Australian* 3/1/04

GP: Equal to about 12 whiskies or six glasses of wine

Girls as young as 12 drink up to eight sweet alcoholic sodas on a night out, a new study of teen-age binge drinking has found.

The Australian Divisions of General Practice study, released this week, expressed concern about the link between the alcoholic sodas, dubbed 'alcopops', and heavy drinking which has hit epidemic levels among youth.

Alcopops usually have a base of wine or spirits and sweet flavours, such as passionfruit, lemon-lime and raspberry.

The study of 400 people in three States aged 12 to 21 said more than half reported getting drunk at least once a month and 22 per cent said it was four times in the past month. The survey suggested alcopops were the most popular alcoholic drink, with 75 per cent saying they drank one at least once a week. Almost 40 per cent said it was their last alcoholic drink.

Alcopops were most popular among underage drinkers, with about half the 106 12 to 14-year-old drinkers saying it was their last alcoholic drink. They were more popular with girls than boys.

ADGP chairman Rob Walters said it was worrying that some 12 and 13-year-old girls had reported drinking eight or more alcopops a night the equivalent of about 12 nips of whisky or six glasses of wine.

Dr Walters said the survey suggested that alcopops drinkers also got drunk more

often than people who drank other alcoholic beverages.

While alcopops seemed like soft drinks, they usually contained about 5 per cent alcohol, which was more than most full-strength beers, he said.

ADGP national divisions youth alliance chairman George Cherchez said teenage binge drinking was a big issue for GPs, surgery staff and youth health centres. The continued emergence of new products such as alcoholic soda, milk and jellies that appealed to young people also was of concern.

Tanya Chikritzhs, research fellow at the National Drug Institute at Curtin University, said it echoed other reports of a big jump in risky drinking by young women in the past three years. 'Our theory was that by removing the tax on pre-mixed alcopops, they essentially made them cheaper to drink than wine,' she said.

Ms Chikritzhs said alcopops were marketed extremely effectively and subtly to young people. 'It's sweet, colourful, sticky, it's made to appear sexy and cool and it's something young women really go for,' she said. 'It's not surprising that consumption would be increasing, particularly among young women.'

A Distilled Spirits Industry Council of Australia spokesman could not be reached for comment.

[Back to Index](#)

Time To Think About Decriminalising Marijuana

Trish Bolton, *The Age* 5/1/04

People who smoke pot don't belong to a subculture, they're part of the mainstream.

Australians don't really need an excuse to have a drink but it's that time of year where you can really drink up, indulge as much as you want; get drunk, smashed, blottono one will really mind.

You can start drinking at the lunchtime barbie or picnic, down at the beach or while you're watching the cricket; you can do it in front of your parents and kids and with neighbours and friends.

But if you want to roll one, have a choof or take a toke, you won't find the same warm reception at home, in your workplace or anywhere else. Unless you're in Nimbin, you'll have to sneak away and do the deed in private.

And if word gets out about your nasty habit you'll be called a druggie when your

back is turned, families will talk in hushed tones about your wicked ways, neighbours will ostracise you, and better pray no one tells the boss.

If this isn't bad enough, there's always the chance you'll be caught for possession; you might merely be warned or you could end up before the courts; it all depends on the state you're in at the time and I don't mean how stoned you are.

If you're in the Netherlands you can go shopping for cannabis but in Australia buying it makes you a criminal, and growing it can land you in prison for up to 12 months.

It's all a bit silly really we encourage and condone the use of one drug and demonise the other.

Sillier still is that we don't just allow alcohol, we push it, and we push it very hard indeed. Marketing booze is big business. What's a sporting hero without a magnum in hand, why have a celebration without alcohol and what's sex without a little drunken abandon to add to its appeal? So surrounded is alcohol by images of success, sexuality and good times that we might as well pour it down the throats of the children we seek to protect.

Line up on a Friday or Saturday night at any bottle shop and you'll see parents taking orders from their clearly under-age kids about what their teenagers want for that night's drinking; these same parents would freak if they thought their kids smoked marijuana.

It's OK to get out of it, what seems to matter is the substance we abuse to do it. Who cares that hospital beds are filled with people who abuse legal drugs and that more young people overdose on alcohol than are damaged by a night's bingeing on marijuana.

But people who smoke pot don't belong to a subculture, they're part of the mainstream. Hell, even Homer Simpson got stoned, Bill Clinton almost did and Mark Latham admits to it. The groovy gen Xers in the successful television show *The Secret Life of Us* regularly pass a joint and advertisers often use drug parlance to market their wares; it's as much a part of life as having a VB or a chardonnay.

We use drugs for all sorts of reasons but mostly because they're fun that's why we've been doing it for thousands of years. Of course, it's no fun at all if occasional pleasure becomes habitual abuse, but prohibiting a substance won't change that.

According to statistics released by the Australian Institute of Health and Welfare, one in three Australians used cannabis in a 12-month period; one-third of the population is getting high, most of them aren't having psychotic episodes and the majority are ordinary hard-working Australians.

This is not to say that marijuana doesn't have both short and long-term side effects. Like all drugs, it does. But tackling those concerns in a health setting rather than in a punitive legal framework will produce more enlightened outcomes than have occurred with prohibition.

Let's bring marijuana use out into the open and liberate wardrobes of the now ubiquitous `grow lights' to accommodate that other fetish fashion.

Decriminalisation will have many benefits: backyards all over Australia will be free to cultivate an organically grown plant or two, young people won't be exposed to criminals, in what Access Economics have identified as Australia's \$4 billion black market, and courts will be freed up.

In the end, is there really so much difference between lighting up and pouring a drink, or between chilling a wine cask in the fridge and cultivating a plant in the backyard?

I'll kick back, have a drink, and think about it.

[Back to Index](#)

One-Shot Heroin Treatment Promising

The Australian 8/1/04

A single injection could be all it takes to halt heroin addiction, after a trial showed the potential new treatment prevented addicts' withdrawal symptoms for six weeks.

Psychiatrists at Johns Hopkins University in the United States said the finding could make treatment much cheaper and more accessible to users.

Heroin abusers who volunteered for the trial had their supply of narcotics abruptly cut off and were instead given a single injection of a slow-release form of buprenorphine, a drug that plugs into the same receptors in the brain as heroin and other opiates.

Buprenorphine is already used as a daily pill to treat heroin addiction along with psychiatric counselling, but has not before been tested as a one-off injection, or in the absence of counselling.

Study leader George Bigelow reported in the journal *Drug and Alcohol Dependence* that the volunteers were assessed for signs and symptoms of heroin withdrawal, and given weekly injections of an opiate.

` The results were promising both for prevention of the opioid withdrawal syndrome and for blockade of the opioid high from the . . . challenge injections,' Dr Bigelow wrote.

No withdrawal symptoms were observed and the effect of the weekly opiate injections appeared to be greatly reduced, the scientists said.

` The ability of a single medication dose to have beneficial effects over four to six weeks is a significant finding for the treatment of opioid dependence,' he said.

` This longer-acting formulation could increase patient adherence to treatment, ease the visit burden on both patients and providers, and make treatment more accessible.'

Further research was needed to decide how the new treatment could be best used, Dr Bigelow said.

[Back to Index](#)

UN Reports Contradicts PM's Injecting Room

Claims Paola Totaro (State Political Editor), *Sydney Morning Herald* 6/12/03

A United Nations report has contradicted claims by the Prime Minister, John Howard, that drug harm-reduction programs such as Sydney's heroin injecting room breach Australia's international treaty obligations.

The report, prepared by the legal arm of the UN's International Narcotics Control Board (INCB), reiterates the body's commitment to demand reduction programs, but also concludes that drug policy must come up with new strategies to cope with new health threats like growing rates of intravenous-related HIV transmissions.

` It could even be argued that the drug control treaties . . . have been rendered out of sync with reality, since at the time they came into force they could not have possibly foreseen these new threats,' the report found.

In a letter to the Premier, Bob Carr, Mr Howard warned that the INCB had reinforced its opposition to the medically supervised drug injecting room and that potential breaches of international treaty obligations could spark sanctions against Australia's \$100 million a year legal opiate industry.

` I am concerned that actions to continue trials . . . could constitute a breach of Australia's international treaty obligations,' he wrote.

The INCB report, submitted to a UN conference in Vienna 10 months ago, examined the status of harm-reduction programs, including syringe exchanges and drug injecting rooms in the context of existing international drug control treaties.

On drug injection rooms it stated: ` It would be difficult to assert that, in establishing drug injection rooms, it is the intent of parties to actually incite or induce the illicit use of drugs, or even more so, to associate with, aid, abet or facilitate the possession of drugs.

` On the contrary, it seems clear that in such cases the intention of governments is to provide healthier conditions for IV drug abusers, thereby reducing their risk of infection with grave transmittable diseases and, at least in some cases, reaching out to them with counselling and other therapeutic options.'

Last night Mr Carr said: ` It is clear the Prime Minister has got it wrong. He appears to be using the medically supervised injecting centre for political purposes.'

The UN's drug control bodies are led by three major arms:

The Commission on Narcotic Drugs (UNCND), effectively the policy making body

The UN Office on Drugs and Crime, the operational arm

The INCB, which consists of 13 appointed individuals, the majority of whom are known to hold conservative views on drug control policy. The INCB monitors the implementation of treaties.

Dr Alex Wodak, director of Alcohol and Drug Services at St Vincents Hospital, said Mr Howard quoted selectively from information and research on other drug programs.

` During the heroin trial debates, he kept quoting one document or small paragraphs from one expert panel convened by the World Health Organisation which quite appropriately noted the shortcomings of the Swiss studies,' he said.

` But he consistently failed to note the final paragraph which recommended more scientific research on heroin trials.'

` This is selective and misleading quotation to support his argument. It is

disappointing that comments by politicians in these very technical areas are not properly scrutinised by the media.'

[Back to Index](#)

Inheritance Of Addiction In Iran

Andrew Byrne, Medical Practitioner, Drug & Alcohol Redfern

Prevalence of substance abuse among offspring of opioid addicts

Ahlnadi J, Arabi H, Mansouri Y. Addictive Behaviors (2003) 28:591-595

This fascinating study from Iran tells us some basic facts about drug use and inheritance in that population. With major differences with western experience in drug and alcohol use there, the significance for our own populations is somewhat limited.

The authors interviewed 500 randomly chosen adult offspring of 2000 addicts in treatment in Shiraz, Iran. Evidently the average age of those in treatment is much higher than our patients since 28% of their offspring were over 40 years of age and 80% married (but still living under the one roof, a condition of the survey).

The authors remind us of the 'old tradition of drug use' in Persia, including opium which is used for pleasure as well as a medicine. While all these drugs are currently illegal, and penalties severe, drug use and dependency are still common. Even alcohol, which is 'both religiously and legally prohibited' has significant reported use and dependency. In the first degree relatives of opioid addicts there was substantial 'ever used', 'current use' and 'dependency'. There was no reported use of cocaine or psychodelics. Stimulants were not mentioned.

In short, the findings were that among the offspring of opioid addicts in Iran, 20% had 'ever used' opium or heroin and 6.4% were currently opiate dependent. Tobacco was 'ever used' by 36% with 24% being currently dependent by DSM-IV criteria. Ninety-five percent of the opioid used was opium and 5% heroin. Males greatly outnumbered females for most forms of drug use by up to 9:1. The survey was evenly split, however.

Alcohol was 'ever used' by 18.2% and cannabis products by only 4.2%. Thus over half of the population had used a psychoactive drug (56.4%) excluding caffeine.

These researchers asked the respondents the reason for their drug use. 'Enjoyment' was the prime answer (57%). Next came 'modelling' (50%) [which I take to be something akin to 'peer pressure'] and then 'release of tension' (34%).

In our own patient population in Redfern we have a median age of 37 years. On cursory examination, we could identify only twelve patients out of 328 from the past three years who had adult children and only two of these had a known drug dependency history. Hence, while this paper shows distinct differences between drug use in different countries, drug use can certainly run in families as with other habits, partially as a result of genetics and partly environmentally induced (see elegant twin studies from Minneapolis St Paul).

[Back to Index](#)

Don's Book Review **WAITING FOR THE MAN**

The Story of Drugs and Popular Music

by Harry Shapiro

(Helter Skelter Books, London)

In the quiet morning there was much despair

And in the hours that followed

No-one could repair

That poor girl

Tossed by the tides of misfortune

Barely here to tell her tale

Rode in on a sea of disaster

Rode out on the mainline rail . . .

So Mimi Farina wrote her desperately sad testimony, her eulogy for Janis Joplin, a mixed up kid if ever there were one. Mimi knew exactly what she was writing about: her first husband, the incredibly gifted 'crazy man', as her sister would describe him, was the drug-addicted poet Richard Farina, whose book *Been Down So Long, It Looks Like Up To Me* remained posthumously amongst the most frustrating and depressing books of last century. He would write himself off on his motorbike, not long after completing the book.

But Mimi, although she too would die relatively young, was one of the lucky guys: her big sister would write her such a grand song of personal hope and triumph, and would sing it for her on the occasion of her second wedding. The song was *Sweet Sir Galahad*, the singer the incomparable Joan Baez, former partner of the age's great spokesman on matters of youth, Bob Dylan.

And what has this got to do with Harry Shapiro's book? Well, not a lot, and everything. It's an inspirational book, a book that makes you think laterally if you have some knowledge of the field. I seem to have collected a wider knowledge that I ever imagined in regard to pop, folk and jazz music's ramblings and meanderings. A book like this sets me off. To be honest, the medical side of the history wasn't what created the avalanche in my mind. Rather, I was simply stimulated to think, and to wonder about the massive impact that drug addiction has had on our gifted celebrities, our 'artists', amongst whom we number our musicians.

I recall reading a description of the agonisingly slow cocaine death of the man I regard as the finest of modern jazz pianists, Bill Evans: 'His death was the longest suicide in history.' That is perhaps as sad and depressing as you can get in one sentence. Evans doesn't make it into Shapiro's book (why?), but a large number of celebs do get a big mention: Louis Armstrong, Bob Dylan (Hey, come on, what did you think *Blowin' In The Wind* was really about? Think of the green grass of home, man . . .). Then there's David Bowie, Joe Cocker, Johnny Cash, Donovan, Jimi Hendrix, Billie Holliday, Michael Hutchence, Otis Redding (who, if my memory holds up, never even knew he would become famous it happened about a fortnight after his death), and Charlie Parker, and Kurt Cobain (celebrated by Nick Hornby in a recent novel), Sid Vicious, Carl Perkins (the *Blue Suede Shoes* man who was shafted when Elvis recorded the same song, but held on to *Be Bop A Lula* as his own), and there's even Elvis himself with the mystery which still surrounds his death.

Casting your eye over that list (and remembering it is simply a taster, and that I could have started at the other end of the alphabet with Frank Zappa), you can see that there is plenty of material to investigate. Whether you want to dwell on *Lucy In The Sky With Diamonds* and its pretty obvious symbolism will be your choice. For me this is very much a book to dabble around in here and there because basically, as I have already indicated, I found it to be a stimulus to do a lot of my own thinking. A series of jumping-off points, rather like an Explorer

bus. That is not in any way denigrating the book or the writing; quite the reverse occurs while you have this book in your hands. Let me give you a few examples.

I grew up loving the music of Hank Williams. Essentially however, I had come to his music through 'pirated' versions, glorious lush arrangements made by some of the top singers of the fifties. Immediately to mind come *Cold, Cold Heart* by Tony Bennett (and recently revived and massacred by Norah Jones), the inimitable Frankie Laine's *Your Cheatin' Heart* (later on Don McLean would do a marvellous version), and the utterly beautiful string arrangement by Percy Faith for Guy Mitchell's *I Can't Help It* (again, later, see Johnny Cash). Then of course we had Rosemary Clooney and her unforgettable *Half As Much*. Unforgettable? Well yes, if you've got your Seniors card you ought to remember that one.

When I discovered Williams himself, he had been dead for quite a while. He had written several hundred pop songs in his 29 years, and dollar for dollar he must have been the biggest name in the business. They still record his songs, the new crop of kids still wants to sing them from Tamworth to Memphis. I think some people would be surprised how many people, young and old, know the words to many of Hank's best melodies. He died on New Year's Day 1953 in the back of his car, stoned out of his mind. The futility of it all comes hurtling straight at you. Twenty-nine.

Younger generations are also listed for detailed mention (recently rediscovered Nick Drake is an example from more recent times). So many went the same way, so many went out on that same JJ rail.

Something else in the book which is worth very specific attention is a detailed , academic and statistical analysis of any likely impact of drug-taking by stars on the young population. It would appear that there is simply no statistical evidence whatsoever to support any such connection (i.e. this is not a cause and effect situation and if the kids themselves can be believed, then you can look at family, friends, community, personal and social environment, but you can forget about a remote pop star living in the world of limousines).

If this book challenges you to want to read something further on the subject, you could try Nick Talevski's *Tombstone Blues* (Omnibus Press, London, New York, Sydney, 1999). If they've gone off to the great Entertainment Centre in the Sky, chances are that Nick Talevski has potted them for you. By the way, many of his listings were perfectly normal citizens (just like you and me).

The writer/singer we will finish with is the deeply troubled Tim Hardin. Tim wrote some of the sweetest yet taut tunes of his time, before he OD'd on heroin at 39 in 1980. He wrote the best tribute to Hank Williams that I have ever heard. (Frankly, tributes to Hank Williams range from heartbreakingly poignant to god-

awful, but this one takes a superior line: ` Goodbye Hank Williams, my friend. I didn't know you, but I've been places you've been'.)

Hardin also was responsible for Bobby Darin's smash hit *If I Were A Carpenter*. In return for the harm Darin did to Hardin's chances by the theft, Darin wrote the gutbusting civil rights crusaders' song, *Simple Song Of Freedom*, for his slightly younger but ailing contemporary. The song ranks with the best of Dylan and it deserves a front row reserved seat alongside Pete Seeger's immortal *We Shall Overcome*.

Maybe the singers get too close to it all, maybe they can't break clear and, as we might say, get a life. Maybe it's just being an artist that does it to you (look at Vincent for example). Maybe it's a threat that comes with the territory. I've tried to finish this review with something vital to all of us. It's something many of us know we've most of us been there, heard it before. I suspect from my years in FDS that friends reading this will nod along with the sentiments expressed by the lyrics. Hardin was responsible for this very beautiful, utterly sad comment on abandoned trust, set to music.

In late 1971, Rod Stewart put a Tim Hardin song on the B-side of a new 45 which would rock the world. Glen Campbell also recorded it, pop style. Stewart would re-record the B-side in 1993, and would enjoy a second successful result. The A-side of the 1971 Stewart single was the phenomenally huge hit, Maggie May.

But the B-side had more to say:

If I listened long enough to you

I'd find a way to believe that it's all true.

Knowing

That you lied

Straight faced, while I cried.

Still I'd look to find a reason to believe

Ain't that just the truth?

[Back to Index](#)

A Guide To Coping

Our family education kit *A Guide To Coping* is receiving acclaim across the country. Many professional agencies have praised the soundness of the information and strategies contained in the kit. This revised edition contains extra information and fact sheets introducing the new model of family coping and management, *Stepping Stones to Success*. Subscribe to *FDS Insight* for 12 months and receive *A Guide To Coping* without additional cost. (Note: Additional copies of *A Guide To Coping* can be purchased for \$15 and discounts apply to bulk orders.)

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[Back to Index](#)

Memorial Corner

To remember loved one's who have lost their lives to illicit drugs. Please go to the Memorial page [here](#).

[Back to Index](#)

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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. Current locations information, please click [here](#).

[Back to Index](#)

Information/Education Nights

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[Back to Index](#)

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[Back to Index](#)

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