

newsletter

Insight Newsletter Nov/Dec 2004

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New Newsletter under construction

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WHY REMEMBER?

In October 1997, we held our first remembrance ceremony at Bill Crews' church in Ashfield! Families and Friends for Drug Law Reform had held their ceremony in Weston Park a year or two prior to our first one. This year will be our eighth ceremony and maybe we need to examine the question: Why do we keep holding these events?

After an escalation in heroin deaths up to the year 2000, we have seen a thankful drop in the number of lives lost over the past three-and-a-half years. In celebrating a reduction from 1000 deaths to less than 400 per annum, we need to be conscious that we are still losing too many people. Each of these people has families and friends and every one of them are missed and remembered for more than their drug use.

The shame and stigma of drug use, particularly the way in which society views and deals with it, means families suffer in silence and isolation.

In a letter to The Newcastle Herald objecting to a methadone clinic, a correspondent wrote, 'Real people live, work and go about their business in Mayfield!keep them away from everyday hard workers.' The letter, of course, implies that drug users are not 'real people' and they should be kept out of sight and mind. No wonder it is too difficult for families to openly express their grief and acknowledge loss of their loved ones.

When publicly comparing our Remembrance Ceremonies with those of the Bali victims, police deaths and war deaths, or deaths from other illnesses, I have often encountered an attitude of 'How dare you compare the deaths of junkies with these deserving losses!' There seems to be an attitude that we do not deserve or should not even need such a ceremony. So we look for support from those who can provide it, that is, from family and friends and those who know and understand our pain and who do not put negative values on our loved ones' deaths. The Remembrance Ceremonies allow this support and acknowledgement.

Over the years, I have attended many sad funerals of young people lost to drugs. Whilst some of these funerals have been very personal and uplifting, many have been cold and impersonal. I observe not only the shock and despair of family members, but also anger at their inability to express their inner thoughts and feelings about their sons, daughters, friends and partners. I have seen some of these people attend our ceremonies and be able to get some healing from the simple act of lighting a candle in remembrance. Some people have attended every ceremony we have held while some have been to just one. All are thankful for the opportunity to remember and acknowledge.

Personally, I look forward to the event. It reminds me of why we are here and why we need to do everything we can to prevent others experiencing what we have suffered. I have also enjoyed the outdoor ceremonies at the trees in Brisbane and Canberra. Yes, the political statement made by the ceremonies is also important. To remind politicians, media and the community that these deaths should never be in vain, and that we need to view drug use and our approach to it with far more flexibility, is the message that we still need to promote. Ceremonies are held all around Australia now and some overseas. At Ashfield, we have the remarkable participation of Christian, Jewish, Islamic and Buddhist faiths. It is a ceremony that allows all sorts of spirituality to be expressed!yet it is also meaningful for those who are not religious. So I invite all who have lost someone to join us on Saturday 30 October. Those who have not suffered loss are also welcome!we need your support. No matter what happens to numbers of deaths and attendees at ceremonies over the years, we will always gather to remember.

One of our volunteers, Margot, provided the following words, which are on the plaque at our tree in Brisbane's Emma Miller Park. May they bring comfort to all those who remember someone special.

There is no rest except in sleep where no sound is heard!just timeless calm and serenity.

2005 Subscriptions Now Due

We need your support!

Please renew to continue receiving your FDS Insight bulletin

Don't Put Such A Clinic In Mayfield

The Newcastle Herald, 7/10/04

To have heard of a rally in a bid to stop a methadone clinic that has been proposed for Mayfield.

I have been left wondering why Mayfield is the chosen spot for this clinic. Is it to dump it at the back door of Newcastle, hoping it is not noticed on the drive to our lovely beaches?

Real people live, work and go about their business in Mayfield.

There are plenty of places that are free from the public; please use one of those for this clinic and keep the problems away from everyday hard workers. I am still wondering why it is up to the taxpayer to support another person's bad life choices.

Melissa Rose Valentine

Incredible Attitude

Tony Trimingham

The attitude of Melissa Rose Valentine (NH letters 7/10) sadly typifies the way many in society regard drug use and drug users.

Does Ms Valentine realise what a methadone clinic is and does? It provides a treatment to assist people who want to deal with their dependence and have better lives.

Mayfield has its drug problems like most other communities in Australia.

Ms Valentine says `Real people live, work and go about their business in Mayfield'!well yes!and some of

them are drug users and their families. Ms Valentine would probably change her attitude if someone close to her were affected.

We should be encouraging treatment, not putting these services in out-of-the- way places that are inaccessible.

Let's encourage people who wish to deal with their problems and welcome services that encourage their struggle.

Ms Valentine is welcome to come and spend a few days with our organisation and see the impact on families of attitudes like hers.

2004 Brisbane Remembrance Ceremony

Margie R's Speech

Good morning everyone! It's good to see familiar faces and to welcome back those who have been here before. I'd also like to extend a special welcome to those who are with us for the first time.

Despite the solemnity of the occasion, we come together to remember with love, affection, and some happiness, those we knew and loved who lost their battles with mental illness and/or drugs. Some of you will know that my place here is as the mother of Ted who died almost five years ago from a heroin overdose, and as a strong supporter and member of Family Drug Support.

Last year at the Remembrance Day Ceremony, I spoke about Family Drug Support's wish to see safe injecting rooms here in Brisbane. Nothing's changed, I'm disappointed to say. That's despite the continued deaths of our family members from this insidious curse. Great trumpeting in the press go with the apprehension of drug traffickers (and rightly so) but not much is said about the continued suffering of those who are addicted and who suffer from the desperation of depression and other mental illnesses. The problems associated with dual diagnosis continue to gain some headway in the press and in the community and that's good news, but I am still frustrated by what I don't see happening, rather than what is achieved.

I won't give you statistics today as I did last year; I would like instead to ask you to think about last Saturday's election and its result.

We now have three years of more of the same! again. I fear for the reputation of Australians as a caring open-minded people, and of Australia as a nation willing to support those who suffer from illness and those seeking a better life when we have such a government. Not only does John Howard and his Cabinet appear not to have the least understanding of drug issues, but they also belittle the Greens for their progressive attitude in relation to harm minimisation.

And how many of you saw the Family First election advertisements? I felt they were terrifying in their scare-mongering, their sanctimonious and blinkered views, and particularly (because it's my special interest) in their slamming of the Green campaign and the total misrepresentation of the Greens' drugs policy. (I point out here that I did not vote for the Greens in the House of Representatives, just so that you don't imagine I'm too far left of centre!) I fear that Howard used the right-wing alliance to assist him catapult himself back into power and now we will have to live with the consequences.

DON'T GIVE UP. The only way we can continue to make any headway is to continue to talk to other people. Tell them about the issues as you see and know them to be; write to the politicians! that's what

they're there for; write to the newspapers!one of us might be published one day!; talk to your friends, colleagues and associates about the issues!don't be frightened to stand up and be counted. At least we are still a free country and have the right and privilege to be able to speak out on the things we see needing attention.

Before I read the special prayer one of my sisters sent me on hearing of my son's death, remember that in three years we have to change things. I live in hope that Mark Latham might `do a Jimmy Carter' and alter his recent election stance on drugs and modify the policy once elected. If we're lucky, of course, we might be given the opportunity earlier, and that would be wonderful.

Finally I leave you with one other thought. Can you, in all consciousness, vote for a government which incarcerates children behind razor wire? No wonder we have no sensible harm minimisation policy and such lack of compassion.

I'll now read the prayer:

A Child Loaned

`I'll lend you for a little time a child of Mine,' He said.

`For you to love the while he lives, and mourn for when he's dead.

`It may be six or seven years or twenty-two or three, but will you, 'til I call him back, take care of him for Me?

`He'll bring his charms to gladden you, and should his stay be brief, you'll have his lovely memories as solace for your grief.'

Insights Out

Hi everyone, It's time to remember those lost to drugs at our Remembrance Ceremonies and I urge you to attend a ceremony in your area. Although deaths from overdose are less than a few years ago, we are still losing over 300 people each year. It makes an enormous difference to those who have lost someone to see lots of people at these events giving support to us.

We remember those we have lost and acknowledge their lives, qualities and talents. Please contact the office on 9798 001 for further details or if you wish to help out at the event.

Mulgoa 2004 was another great gathering of volunteers and is a highlight of our year as it gives everyone a chance to connect with other volunteers. It's especially great to see our interstate friends who attended this event.

On the funding scene, we have had some positive news from both State and Federal sources. Hopefully we will not have to worry so much if the funding is resolved. Thanks again for your letters on our behalf and we will

keep you posted on its progress. It is also time to renew subscriptions. Please send your renewals early to avoid us having to chase you up.

Finally, I want to wish everyone a peaceful and happy Christmas and New Year.

Regards, Tony T.

No Silver Bullet For Drug Abuse

Brian McConnell, Families & Friends for Drug Law Reform

The Canberra Times (24/9/04)

Debate about drugs is often a confused mixture of unsubstantiated claims, misinformation, and some facts.

Angela Shanahan's article last week 'No-one is an island in the fight against drugs' (CT September 18, p.B5) is no exception, claiming that Canberra has Australia's highest level of drug use. She recommends supplanting harm minimisation with absolute zero tolerance as adopted by Sweden and New York to drastically reduce drug use and crime.

Yes, Canberra has a drug problem, but it is on a par with the rest of Australia. The 2001 Household Survey stated 18.1 per cent of the ACT population recently used illicit drugs (mainly cannabis) compared to Australia's 16.9 per cent.

Sweden despite its policy of 'a drug free society' states Henrik Tham, Professor of Criminology at Stockholm University 'has clearly not been achieved. Quite the reverse; by comparison with the period when this goal was formulated, the available indicators show that drug consumption has increased. This increase in the use and abuse of drugs has taken place in spite of a substantial expansion in control measures.'

Equally disturbing is that those like Tham, who question Swedish drug policy, are counted among the 'forces of evil', a position that is becoming familiar in Australia.

Zero tolerance in New York has not solved its crime problem. In 2000 the crime rate per 100,000 of population was 3099, about the same as for 1965. The rise and fall pattern during that period is the same pattern as nearby New Jersey and some other states. Thus events in New York are not unique to that state nor its policies.

New York's zero tolerance has had many innocent victims. As a result of no needle and syringe programs (NSP), by 1996 New York City had reported 17,000 paediatric AIDS cases. NSW, with approximately the same population, had experienced 42. (Wodak & Penny, 19/8/1997).

The USA pays a high cost for zero tolerance with the world's highest imprisonment rate diverting resources away from hospitals and schools.

Regulation, instead of prohibition has demonstrated some successes. For example, Switzerland's heroin prescription showed inter alia substantial reductions in drug related deaths and crime. The Netherlands with its regulated coffee shops, has an enviably low cannabis usage.

Proponents for zero tolerance rarely identify how they would accomplish their goals nor the consequences. For the ACT this would mean:

C No NSP

C No pharmacotherapy maintenance programs eg methadone maintenance

C Seeking to jail or send to compulsory treatment all ACT drug users (there are about 54,000 in the ACT)

C Stopping any advice resembling harm minimisation because it might send the wrong message or promote drug use

C Expelling children from school if caught with drugs.

The consequences would be serious. A major increase in blood borne viruses and increased health budget costs would result without an NSP.

Increased arrests and incarceration, whether in prison or rehabilitation centres would add substantially to taxpayers' burdens with few effective outcomes.

Lack of harm minimisation advice would cost lives, perhaps like the young Sydney girl who used ecstasy but died because friends did not know what to do and were too frightened to call for help when she got into trouble.

And some schools in Sydney, urged on by the Howard Government's zero tolerance in schools policy, did actually expel students for drug possession, leaving them excluded from their community and shoved into life under-educated.

Absolute zero tolerance is neither sensible nor affordable, and if Sweden and New York are accurate examples, would not leave the ACT a `drug free island'. Adoption of a policy that deliberately targets 18 per cent of the population to be jailed or abandoned to serious disease or death is unthinkable.

Why should harm minimisation, a principle applied across all other human endeavours, be excluded from illicit drugs?

Perhaps such draconian means are intended to eliminate all drug users because, like the 15th century Inquisitions, it will make our society better?

The side effects of a policy of zero tolerance would be far worse than it purport to cure, but fails.

How Sydney Works

Kings Cross Injecting Centre

Pip Cummings, The Sydney Morning Herald (7/8/04)

Kings Cross has long been the junction of Sydney's street-based drug supply and usage, and a hub of permissive, nonconformist residents. This idiosyncratic mix made it the ideal location to establish Australia's first Medically Supervised Injecting Centre (MSIC) trial.

'Drugs have been around in this area longer than most of [the residents] have probably been alive,' says Ingrid van Beek, the centre's medical director, pictured left.

'It's [also] a highly educated, progressive community that has an understanding of the complexities [of drug dependency], is humane . . . [plus] people don't want needles or bodies in their front yard, which is what it gets down to.'

Discreetly located behind a frosted glass frontage on Darlinghurst Road, the centre provides a safe legal place for the injection of drugs!more than 250 people use it each day!as well as an opportunity for education and referral to health and social services.

Clients pass through the centre in three stages. New visitors register anonymously and provide a comprehensive history of their health and social circumstances.

On every subsequent visit details of their drug and alcohol use are added to a medical file.

Stage two is a 'clinical and sterile' injecting room of eight booths, designed to frame intravenous drug use in a health context and reinforce its dangers. Staff are on hand to manage any overdose. After injecting, clients remain under observation in a lounge area for an hour or so. Counsellors may also approach clients at this time. Although counselling is not mandatory, trust can be built surprisingly swiftly in the concentrated atmosphere of uncovered intimacies.

The trial aims to establish whether a medically supervised injecting centre is the best way to address public health issues arising from drug use. It has been an eye-opener for van Beek, who has worked in

the field for more than 15 years.

`[An] amazing range of people are willing to use this facility. I thought it would be mainly the very entrenched drug users in this area but people from all walks of life come here![including] people in suits!because they want to be in a safe situation.'

Since the centre opened in 2001, more than 6000 drug users have been registered and assessed. Of the 700 or so drug overdoses, not one has been fatal.

`What this service tries to do is keep people alive and treat [them] with respect and dignity,' says van Beek. `It's only when people feel good about themselves that they start having hopes for a future.'

Judge Turns Tables On Thankless Task

Michael Pelly, The Sydney Morning Herald (26/7/04)

Roger Dive cannot remember anyone he has sentenced in the Children's Court returning to say thanks. `You only see the failures come back,' he said.

But that has happened with a few people he placed on programs with the Youth Drug and Alcohol Court. `One had finished and came back and saw us,' Mr Dive said. `That never happens in any other court. He'd got a job and he wanted to give me his business card.'

When Mr Dive is sworn in as the third senior judge of the NSW Drug Court this morning, he will be well prepared.

In his past four years as Senior Children's Magistrate, he has come to understand the desperation of addicts, the destructive forces surrounding them and the difficulty of breaking out of the most vicious of cycles.

He is a firm believer in the justice system taking a different tack with such people, especially when studies show 69 per cent of offenders arrested have used illicit drugs within the previous three days. That is what the Drug Court has been doing since it opened in Parramatta in 1999.

Those convicted of non-violent offences can apply to a magistrate for a place in a Drug Court program and their sentence is suspended while they undergo treatment. But of 910 participants in the first five years, only 102 graduated as drug free. Another 106 had made enough progress to deserve a non-custodial sentence.

The majority in effect chose jail to continuing their rehabilitation. Last year 29 self-terminated! choosing jail instead of giving up drugs!and another 96 were kicked off.

'The level of turmoil in their general lives is enormous. It takes time and effort to work through the mess,' Mr Dive said. 'We've had parents who supply their children with cocaine in residential rehabilitation.

'One told me he gets a physical rush when he sees his dealer. Or having \$100 in their hand; the rush of just being able to score.'

And it's not only conventional narcotics. There are those who crush blood pressure tablets and sniff fly spray. 'They've been told it gives them some high.'

The father of two takes the post at a time when the State Government is expanding drug and alcohol programs. The Youth Drug and Alcohol Court now covers most of Sydney and Australia's first drug jail will open at Parklea prison by the end of next year.

A Generation Behaving Badly

Danielle Teutsch, The Sun Herald (19/9/04)

As middle age rears up before them, some generation Xers are reluctant to give up the recreational drugs they lovingly embraced on the dance floors of their youth, writes Danielle Teutsch.

John, a 38-year-old professional with a mortgage, went out to see the band Gomez in concert earlier this year with a few friends. Just before they headed out, they each dropped half an ecstasy tablet. It's not something he does often maybe three or four times a year, at a gig or a friend's place.

'I've always been a recreational drug user,' he says. 'When I was in my early 20s, it was in the nightclub scene. But now, it's friends and a home environment, or a gig. You tend to purely go out and enjoy the music and the state of mind you are in.'

John is aware that the wider public may look at a man, pushing 40, who is still popping pills in search of a chemical high and say: 'Grow up.' But he says he has. These days he'll take half, rather than a whole tablet. He'll take ecstasy at a friend's place, or a mellow pub gig in preference to a nightclub. And occasional 'big nights' are carefully planned around work and social commitments.

He has grown up, and ecstasy the demon drug of '90s youth culture has come along with him for the ride.

It shouldn't be that surprising. Just as some baby boomers took their predilection for the odd puff on a joint well into parenthood, and even grandparenthood, so generation Xers have been reluctant to completely give up the recreational drugs they grew up with. An extreme case is the Newcastle couple, Alison and Sam Ramoundos, both 35, who went on a messy 10-hour alcohol and drug binge last year, which included gamma hydroxybutyrate (GHB), also known as GBH, that ended in Sam's death.

Just as shocking as the sheer excess of the drug consumed was the fact that the couple seemed to be otherwise stable. They had two young daughters, jobs and a network of friends, and did not appear to be seeking anything darker than a night out to celebrate a friend's birthday.

The idea that a group of adults can go out and get high, after leaving the children safely with a babysitter and organising a hotel room, does not surprise Paul Dillon, information manager at the University of NSW's National Drug and Alcohol Research Centre (NDARC). These 30-somethings have the money to do it, and obviously still have the desire. There is not much hard data on this group, says Dillon, because they don't show up much in the hospital system and they certainly don't see themselves as drug users. Ironically, they can be organic food buyers, vegetarian, anti-smoking and squeamish about antibiotics. It's also not a large group. Studies show that most people do abandon drugs as they fall in love, take on responsibilities and have children.

'By the end of the 20s, there is a huge drop off in the number of people who say they have recently used drugs,' Dillon says.

The 2001 National Drug Strategy Household Survey found 7.4 per cent of 30- to 39-year-olds had used ecstasy in their lifetime, and 2.4 per cent had used it in the past 12 months a small percentage, but higher than for cocaine and amphetamines.

What is clear is that the way the drug is taken has changed as the original e-generation has entered their 30s.

Dr Adam Winstock, senior lecturer at NDARC, says generation Xers no longer feel comfortable in the clubbing scene, which has been repopulated by a new generation. They will instead take drugs at a subdued gig or in the comfort of their own living rooms.

'They can afford to take ecstasy when they want but they don't want to go to a club with a bunch of 18-year-olds,' he says.

Dillon knows a professional couple from Sydney's eastern suburbs who will bring out ecstasy at the end of a dinner party, once the kids are asleep. 'This particular couple had a big break from [ecstasy] when they had their kids,' he says. 'But now, the kids are old enough that they can put them to bed. Having a 'big one' at home with friends is quite an interesting trend. I'm fairly sure it's becoming bigger. We're entering a new era, especially with ecstasy. It's always had its own special culture. It was a youth culture. But now that culture has moved on.'

If using drugs is supposed to be about rebellion, experimentation, exploring boundaries and caving in to peer pressure, what motivates a mature adult to pop an illicit pill? The answer might simply be that they are nostalgic for their youth. Ecstasy hit its height in the late '80s and early '90s in the clubbing scene, the time when many of today's 30-somethings were fancy-free singletons sharing grotty terrace houses and skipping university tutorials.

'It was an exciting time to be around,' says Dillon. 'There were the warehouse parties, the big dance

parties. There was a community feel to it. People have great memories of what it was. It was the height of the ecstasy generation.'

John says this rang true for him and his friends, with the drug acting like a sort of time machine back to a more carefree youth.

'It's the 'good times' factor, the rebel that's still in the personality,' he says. 'It quickly allows people to release fears and worries, and instantly be back in the '80s.'

Winstock, who has been studying the party drug scene in Australia and Britain for years, agrees that ecstasy is inextricably linked to the dance music scene. DJs from the late '80s still have a strong following. And there is a small, but robust club scene for dance music lovers in their 30s. 'The early house-garage of the late '80s is still around,' he says. 'For most people, there is an association between dance-house music and E.'

He adds that the research he has carried out for five years on drug-taking for British clubbing magazine Mixmag shows people also take it for emotional and sensual reasons or to stimulate conversation.

'In the early days of E, people took it for that lovey-dovey feeling,' he says. 'They may still use it to enjoy empathic, emotional love with their partner.'

Debra, 38, says her friends, a 'slightly alternative, artistic crowd in their 30s',

continue to take drugs 'maybe once every couple of months' for fun.

'They are all intelligent people who just want to push the boundaries,' she says. 'It might be at someone's party, or a gathering of good, close friends. It's not like you're looking for a new experience. You just want a bit of a love-in a lovey, huggy good time with people you know and trust. It's not a habit. It's not about going out and getting written off.'

Dr Martin Weltman, associate professor in the University of Sydney's Department of Drug and Alcohol Medicine, says there is also a sexual motivation to drug-taking in older age groups. 'It's from boredom and the need to do something different. The intention is to have a night of drugs, sex and rock'n'roll. Like Michael Hutchence that sort of situation. But it doesn't always work out.'

Grandparents Left Holding The Baby

Deborah Gough, The Age (30/9/04)

Grandparents as young as 39 are raising their grandchildren and most of them are doing it because of parental drug and alcohol abuse and illness, a survey has shown.

Grandparents Australia surveyed 286 people who were looking after a total of 1472 grandchildren and found that more than a third were raising their grandchildren full time, with 57 per cent of them citing their own children's drug and alcohol abuse as the reason. A further 11 per cent did it because of parental illness, including mental illness.

The survey, one of the few on grandparenting in Australia, found that 101 of the grandparents surveyed provided child care. Half said they did it to allow their own children to work.

There were 32 grandparents who had no contact with their grandchildren, with 79 per cent of them saying it was the result of family breakdown and 21 per cent blaming distance.

Grandparents Victoria director Anne McLeish said at the Grandparents Speak 2004 launch yesterday that while there were many studies in the United States on grandparenting, there had been few in Australia.

'If nothing else, we would like this report to be the catalyst for a broad sweep of research,' Ms McLeish said.

Nearly two-thirds of grandparents were married, while 32 per cent were either divorced, separated or widowed. Just over half were on an income of less than \$35,000. A quarter had tertiary education.

The study was financed by Australian Scholarships Group, a Melbourne-based friendly society that encourages planning for children's education. Of those who responded to questions about education, 38 per cent said they were helping with costs, and 28 per cent of them were helping to pay for education because the costs were so high.

'Some of them are already saving for their grandchildren's education or taking loans out on family homes to pay for their grandchildren's education,' Ms McLeish said.

The report called for a national body on early childhood to identify and tackle issues and develop a charter of rights. It also called on the Federal Government to promote 'open adoption' to allow grandparents and parents to maintain contact with grandchildren.

At the state and federal levels, the report called for counselling services for families involved in family law procedures that would allow grandparents to have a supporting role when parents divorced or separated. It also recommended forums for grandparents and opportunities for people to take part in

their grandchildren's education, particularly in the early years but also to provide mentoring support for other children.

Growing Up With Granny

286 surveyed with 1472 grandchildren

Contact with grandchildren

Raising grandchildren..... 96

Occasional contact..... 157

No contact..... 32

Child Care

186 provided childcare to 550 children

Less than 5 hours..... 53

5!20 hours..... 22

20!30 hours..... 9

More than 30..... 11

While parents worked..... 101

For social reasons..... 37

(72% positive about experience)

Reasons for Care

Drug and alcohol abuse..... 57%

Illness, mostly mental illness..... 17%

Death of parent..... 11%

Divorce-separation..... 7%

Immature parents or disability..... 4%

Child abuse..... 3%

Parents with financial burden..... 1%

NOTE: Not all questioned were answered on each survey. (Source: Grandparents Speak 2004)

Youths Died Of Despair: Coroner

Amanda Banks, The Australian (18/8/04)

Bereft of hope, two teenage petrol sniffers took their lives in a remote West Australian community plagued by violence, appalling health conditions and almost total unemployment.

Bored and desperate, children as young as eight were part of a group of chronic petrol sniffers at the Balgo Aboriginal community, coroner Alastair Hope has found.

Some of the children could not remember having a proper meal in four days, prompting suggestions they were sniffing petrol to reduce hunger pangs.

The bleak and damning picture of life at Balgo, 300km south of Halls Creek in the Kimberley, emerged in an investigation into the suicides of the 16 and 17-year-old boys, who hanged themselves in 2002 and 2003.

Mr Hope acknowledged in his report yesterday that significant steps had been taken to address Balgo's problems. But he said millions of dollars in state and federal funding were being ploughed into the community of just 500 people, with little result.

'If people have inadequate or poor quality food, then they need to be provided with more and better quality food. If they live in a dirty and unhygienic environment, then the environment needs to be cleaned up,' he said.

'These propositions appear to be simple and yet their achievement appears to have been beyond the capability of both commonwealth and state governments.'

State Indigenous Affairs Minister John Kobelke said steps had been taken to address Mr Hope's recommendations, including the provision of continuous police patrols and a child protection worker. A permanent police officer would be stationed at Balgo in January and a \$1.4 million building to be used by government services would be built next year.

Mr Kobelke said the problems at Balgo might appear simple, but the underlying issues were complicated.

He said it was also essential the community commit to taking on a management role to address its problems.

'We are mindful that simply continuing a welfare mentality is not going to solve the problems,' he said.

Balgo community chief executive Noel Mason said the problems in the remote community were not going to be solved overnight.

Mr Mason welcomed the frankness of Mr Hope's findings and agreed addressing the issues would need the support of the community.

Introduction To New Police Publication

For Young People On Drugs

Tony Trimingham

Drugs one of the biggest issues facing all societies on earth and Australian is no exception.

Drugs!there is no question all adolescents will encounter them!not all will try them, many will experiment and/or use them for a period then move on in their lives!and a small number will have major ongoing problems with them.

Drugs!the issue that creates more debate and more media hysteria than most other social problems. It divides our society and even churches and political parties cannot agree on how to tackle them. Parents want to drug proof their children. Yet when public forums are held about drugs, few turn up. Denial is widespread!it's someone else's problem. It will not affect our family!

Drugs have been around for a long time. People have used various substances since the world began for recreational, social, medicinal and religious purposes. Australia conditions people to use drugs. We advertise widely that drugs help you feel better, look better and perform better. We expect our doctors to give us a prescription when we visit them. We have always been a hedonistic society. Our heroes are our villains!Ned Kelly, Breaker Morant!sports stars and pop stars who do things to excess. We enjoy our reputation for doing things hard and well!including drinking. We have an ex Prime Minister who features in the Guinness Book of Records for beer drinking. We've also always had temperance tradition!small but vocal groups who stand up and oppose 'excess'. The colour and features of new cultures and religions add to the complexity of attitudes regarding drugs.

People from my generation are ill informed about drugs and young people think they know more than the actually do! Resources are thin on the ground and very much we tend not to really communicate about drugs.

In 1995 my 21 year old son Damien, started using heroin!although I was unaware of this for some months. He was a talented and likeable young man !great at sport, loved by most people that he met. He had a girlfriend, good job and lots of friends. The last person on earth to get involved with hard drugs like heroin you would think. Or was he? Damien had always been a risk taker and I think this was a big factor in his decision to try heroin. I knew nothing about drugs and this ignorance severely restricted my ability to deal with Damien's problems. Coupled with a lack of support, information and help for parents at this time this meant I was ill equipped to fully help my son.

Sadly, it took Damien's death by overdose 18 months later for me to really start my education about drugs.

What I have learnt is that there is enormous complexity to the issue. No simple answers, no formula for success for those who have become dependant. Whilst we can reduce risk and increase protective factors, people can have problems with drugs no matter what their background, education or economic circumstances. All substances can cause problems and we also need to be aware about the context of drug use!which is a significant factor regarding harm. In every incident of drug taking there is a triangle of three factors!the person, the environment and the drug. The person!age, gender, mood, past history, current problems and issues, size and body shape!all have influence. Environment!public or private, licensed, regulated, supervised, unsupervised. Then the drug!legal or illegal, prescribed, quality controlled or unregulated. As well as the drugs properties!stimulant, depressant!hallucinogen. Quantity taken and whether used in combination with other substances (poly drug use is widespread in Australia).

An example of the substance alcohol to explain the context:

- a) A family celebration at a private dinner with family members enjoying a glass of wine.
- b) A group of teenagers in a park knocking back large quantities of beer, or mixer spirits to get 'smashed' as quickly as possible.
- c) A middle-aged alcoholic secretly using large amounts of legally bought products in isolation.
- d) A football team of young men in their early 20's gathered round a keg and celebrating a victory of a defeat.
- e) Two old friends sharing a beer or wine together and talking.

The harms or lack of them in each scenario are varied and include the possibility of intoxication, accident, alcohol poisoning, sexual or physical assault, conflict, relationship breakdown, neglect, short and long term health damage, financial and low self esteem.

`Benefits' reported by people in these scenarios might include: stress relief, pain relief, pleasant taste, sociability and loosening of inhibitions.

We can do a similar exercise for the consumption of most substances and find lots of paradox and complexity.

Legal substances do not necessarily mean less harm and indeed alcohol is increasingly the most damaging substance for young people and breaking down of denial and ignorance, especially when bingeing is a factor.

Our organisation, Family Drug Support, is committed to assisting and supporting families with all types of drug problems. We also advocate evidence based information and education. We are pleased that all levels of government are increasingly providing more resources to prevent and treat drug problems.

Knowledge and education are the keys to awareness and breaking down of denial and ignorance. Supporting people with substance problems and seeing it as primarily a health issue

will bring about important change in attitude and less fear in our schools, homes and communities.

We are pleased to support this publication!which will help promote drug awareness and education. We hope it encourages discussion about drugs within families. With increased awareness we can reduce and limit the harm and damage that drugs cause within our community.

Medical Marijuana

Adrian Bradley, Consultant Psychologist

Concerning `Green Prozac' or `Reefer Madness' claims for THC, I find there is no simple unassailable relationship to be found between cannabis use and mental states. I find from my reading, research and clinical observations sound evidence for the following! often contradictory!features about the association between cannabis use and mental illnesses (I have citations for all statements, but have left them out for brevity):

C Cannabis use in teenage years has been associated!in a dose related way!with an increased risk for major depression or anxiety. However, whether cannabis is a response to depression and anxiety, its cause, or a correlation, is unclear.

C Some sufferers of severe mental illnesses have an exacerbation of psychotic symptoms when smoking cannabis even while receiving otherwise adequate doses of neuroleptics

C Sufferers of severe mental illness with a lifetime cannabis abuse or dependence disorder present to

emergency or casualty departments nearly twice as often as their non-substance abusing peers, and are three times as likely to need contact with psychiatric emergency teams

C Neurological studies have found evidence for a cannabinol receptor system associated with dopamine metabolism. These findings hint at a possible mechanism by which cannabis use could lead to psychosis by modulating dopaminergic transmission, and encouraged speculation concerning the nature of cannabinols association with schizophrenia

C Strong evidence suggests that even with the increased use of cannabis in ever younger populations over the last two decades, with reported increases in cannabis potencies, there has not been a commensurate increased prevalence of psychosis or schizophrenia

C Cannabis can and does reduce anxiety, and anxiety is a frequent background symptom of many mental illnesses.

C Many researchers caution that mentally ill people differ considerably regarding their individual sensitivities and vulnerabilities to the effects of psychoactive substances and a sub-group of psychiatric patients can use moderate amounts of psychoactive substances!including cannabis!on a regular basis without resultant symptoms.

C Cannabis use by severely mentally ill persons has been reported to result in a worsening of hallucinations and delusions even

while receiving otherwise adequate doses of neuroleptics.

C Cannabis use by severely mentally ill persons has been reported to result in improving symptoms, with a lowering of anxiety, agitation, and hospitalisation rates in those psychosis sufferers who continue to use cannabis, AND are actively case-managed and medication compliant, when compared to; cohorts who use other substances, or use no substances at all.

C Some mentally ill substance users are able to learn what substances cause them problems, and at which consumption levels, and then titrate their pattern of substance use to optimise perceived benefits in relieving boredom, facilitating social interaction, alleviating unwanted medication side-effects and `negative' symptoms, with minimal exacerbation of `positive' symptoms of their psychotic disorder.

Three Sons Lost To The Island Of Despair

Tony Koch, The Australian (3/9/04)

14

gentle black mother weeps soundlessly as she tends flowers on the week-old grave of her son Elton.

Her name is Laureen Baker and she is enduring pain and loneliness beyond comprehension.

Elton, 27, hanged himself in the grounds of the family home on Mornington Island in the Gulf of Carpentaria.

Elton's passing meant that all three of her sons!her only children!have died by suicide.

Elton was a member of the local Woomera dance troupe, which has performed throughout Australia and Germany.

It seemed he had learned to cope with the suicides of his brothers!Winston at age 16 in 1990, and Travis, at 18, six years ago.

But, in reality, Elton was battling the depression of hopelessness.

So, fuelled with substandard home-brew beer, he made the choice that has now left his mother questioning whether there really is a God.

'Elton was not interested in sport or study, he just wanted to dance and draw and make handicrafts like spears,' his mother says in a whisper-quiet voice.

'But he'd had an argument with his girlfriend and was smoking ganja (marijuana) and drinking home-brew.

'No one helped. Now he is gone. I am by myself.'

Isolated places such as Mornington Island are a long way from the media spotlight and easy for the politicians to ignore. But the politicians should look into Ms Baker's eyes.

She shows me a photograph of Winston, the first of her boys to die. The photograph is the only one she has.

'He was in custody of the Children's Services Department and I was told he had hanged himself,' Ms Baker says. 'They have never told me anything more about it or where it happened or why.'

Mornington Island, in the southern gulf, is one of the most remote communities in Australia.

A year ago, because of the violence and alcoholism on the island, the Queensland Government introduced an alcohol management plan.

Before the restrictions were introduced, each Monday the barge from the nearby prawn-processing port of Karumba arrived with 20,000 cans of beer!more than 50 each for the 350 or so drinkers on the island.

That consumption has now dropped by half. Light beer only is served at the canteen from 3pm to 7pm on weekdays, with the weekend dry.

Mayor Susan Sewter says the restrictions have brought on other addictions!ganja and home-brew beer.

`It is disastrous because our people don't understand the intricacies of brewing,' she says. `Most are not letting the beer sit for the required time and are drinking it within a day or two, and are getting sick.

`It is senseless trying to curb drinking and not give support such as rehabilitation and diversionary centres, or mental health specialists. We have not had a mental health nurse here for more than a year.'

Letters To The Editor

These two letters reveal very different attitudes and approaches in viewing drug problems in the family!Editor

! 1 !

Dear Tony,

Thank you once again for the informative and interesting conversation I had with you regarding teenagers and drugs. Also, I greatly appreciated the information pack you sent. I have managed to read through some of it.

Tony, I have lived and visited many Middle Eastern and south-eastern countries for over 20 years. Experienced many friends and family as heroin, marijuana, and ecstasy users.

My brother is still a heroin user and has been for 25 years. I have seen the international drug trafficking first hand, dealt with local and federal police. My parents have experienced a lifetime of hell.

I was too young to understand my brother's drug problem when it began. I was more focused on my other handicapped/partially blind, deaf brother. Throughout the years, I have lost faith in the authorities and certain educated professors and their colleagues. Their communication skills with our family were appalling.

Throughout the years, I have been able to educate myself well on the issue of drugs.

You may or may not agree, or you may or may not know, but I would like to give you some of my information, which has helped many of my friends and family members detect teenagers with drug use.

Consistent observation every day, every week always. Unfortunately, where there may be deep suspicion parents have to be deceitful in checking pockets, bags, and diaries.

Check out friends and their families, and regular places they visit on certain days at certain times for parents setting up bank accounts and showing a teenager how to use key card facilities, have the account set up with phone banking linked. Never let the child know you can access their account. You can deposit money into their account for emergency use. This way a parent can always monitor how money is being spent.

If finding any substance that may be suspicious, send the substance to a toxicology laboratory. The cost is around \$60 to \$70.

Regular dental checks. If grinding of the teeth, staining or decay is detected, discuss this with your dentist.

Talk to their friends and let them know you are concerned with the drug issue and that you care and do not want your daughter or son ending up an addict. Do not hold back on feelings. But do not let the feelings intimidate.

Another very critical issue that is not discussed too often: teenagers do not feel fear directly from drug use. They do not understand that within approximately 21 days of consuming a drug there is a huge risk that if they need to have an anaesthetic due to emergency surgery (for example a sporting accident, car accident, tooth removal, etc.) a doctor will not operate.

This can sometimes mean life or death.

If we can afford to set up detention centres we can afford to set up rehabilitation centres for our people. Centres that are set up like hospitals. Sectioned into areas for male and female children, teenagers and adults.

Life imprisonment for all drug traffickers.

We enjoyed the years when pubs and clubs closed at midnight. After that time anti-social behaviour and the nocturnals were born while the rest of us slept. They threw our youth to the wolves.

The managers of these pubs and clubs enjoy every minute of the money earned from the degradation of our youth. Our politicians are also responsible. They have no idea.

I hope in the near future we will see Mona Vale Hospital, our very first rehabilitation centre. What are the authorities and intellects waiting for?

! 2 !

Dear Mr Trimmingham,

This little story I wrote for my wayward daughter. In writing it, I discovered several insights for myself.

I have been overwhelmed with the determination and resilience of some people who seem to endure the most difficult and uncomfortable lives as they stick with something familiar rather than change and obstinately refuse to follow conventional wisdom. In retelling an old joke, I tried to show many of the positive aspects of conventional wisdom.

I hope it may help others.

"" "" ""

There were once some contrary little sparrows that refused to fly south for the winter migration. With great determination these rebellious birds resisted every effort to get them to fly with the flock. What might be perseverance and tenacity to the little birds sure seemed like obstinacy to the elders. One distressed family feared their baby feathered Gnivil, who was at that age when it thought it knew everything, would meet a sticky end.

The fearful elders, endeavouring to prevent disasters, were a little over- fond of rules and regulations. They had experienced many flights through the eyes of a million and through adversity had learnt the reasons for flight, strategies for survival, the best foods and the safest regions. These were coded into memory as an authoritative guide or instinct. With predators giving conflicting advice the elders knew that accessing this guidance wasn't learnt in a crash course. They also knew they could only take the birds as far as they would go, not as far as they would like. Each was to fly on its own wings.

These headstrong young sparrows, gathered in a peer group, were easily pressured by predators intent on their own advantage. The hot, rebellious young, with little adversity to hone their life skills, green in judgement, improvident, yearned to experience exciting states no conforming bird would ever feel. They found acceptance in blood-red poppy fields where almost anything can become normal if enough others are doing the same thing.

Truly the flock did not understand the instant gratification of the poppy or its force to make one bold and foolish. They just knew it was healthier to be sane, wiser to listen and safer to heed the counsel of elders.

The elders did know it takes planning, persistence, incredible strength and vigilance to survive alone. They believed that their mission in life, their right and responsibility, was to elevate and bring sacredness to life. Loath to leave the obstinate birds, they advised, cajoled, nagged and tried to trick them to begin the journey to safer and more life-enhancing regions but they could not prompt sensible behaviour. Advice is seldom welcomed and these who needed it most wanted it least of all.

Eventually the flock knew they had to leave or they would all perish. Sick at heart, they recognised the fine lines between wise counsel that inspires, advice that breeds resistance, bribery and coercion that forces a pretend cooperation and abuse or torture that breaks personal integrity. If they kidnapped the birds or clipped wings they knew they could not fly effortlessly or would be so lopsided the whole flock would have to compromise their own journey.

Weakened, depleted of food and energy, they had waited in vain for the strong willed, stubborn little birds to join them in the flight to safer and warmer climates. Why is it so much easier to predict disaster than to prevent it?

When their fields offered such a wonderful choice for madness it was not easy for the young sparrows to choose the sanity of the elders. The little birds, not recognising the welfare the flock provided, sneered at the conventional flock. 'Look how high we can fly. We do not need you.' Joyful in prosperity the little sparrows believed their reward for breaking the rules was greater than the penalty. Happy at attractive stopovers with alluring distractions, they flitted from sweet but deadly flower to flower until the snows came.

Procrastinating so long they had gathered few stores. Bitter cold fields became barren, the nest dripping with ice. With winds and heavy weather it was easy to lose direction. Misery likes company and with frosty silence in the gardens, cold, hungry and homeless they began a search with little protection and poor guidance. Gnivil became lost, icy cold, its tiny wings tired in the vast, cloudy, turbulent skies. Weakened it flew low and alighted in agony in a stony place where strange animals gathered.

Hungry, weak, cold and ill, Gnivil fell to the ground. It meant no harm but a big, black pig excreted warm dung all over it. This warmth revived the bird and it began to chirp. Gnivil didn't know that predators hang around dung heaps looking for easy prey. Crows scratched and hooked it out of the dung heap and gave it a lecture.

A stalking cat, hearing peeps, clawed and turned the soiled little body over and over. The bird, unaware that not everyone who rolls you out of feculence is a friend, thought the cat was a saviour. It felt freedom, flapped wings and chirped happily. The predatory cat, savouring his next meal began making a game for himself. Teasing, forcing it to hop and jump to save itself he kept it firmly within his paws. Eventually the defenceless little bird, too weak to move, was an easy meal gobbled up by the cat.

The flock was diminished by their loss and pined for the little bird whose determination had become obstinacy, doggedness and stubbornness that regressed life. It's the nonconformist who makes the mistakes others learn from. What has to happen to turn that strong-willed determination into firmness of purpose, zeal, ardour, earnestness and resolve to elevate and bring sanctity to each life?

If you are determined to be different make sure you are also very lucky

Women Told: All Alcohol A Risk To Unborn

Daily Telegraph (14/9/04)

Expectant mothers can cause irreparable harm to their unborn child by drinking 'safe' levels of alcohol during their pregnancy, a medical conference was told yesterday.

Researchers believe children can suffer problems with memory, attention span, hyperactivity, physical abnormalities and a diminished IQ even if women keep to government-approved levels.

Dr Raja Mukherjee, addressing a medical conference in England, said: 'The only definitely safe level is no alcohol at all'.

Studies in the US, South Africa and Scandinavia suggest one in 300 infants are affected by Foetal Alcohol Spectrum Disorder.

Dr Mukherjee said: 'Everyone who drinks during pregnancy is potentially at risk.

'There is no increasing literature of evidence, however, to suggest that binge drinking as well as low doses of alcohol can cause damage.'

The specialist register, who works at St George's Hospital Medical School in London, said that a recommended limit of two units a week!equivalent to two glasses of wine!was too high.

News From Overseas

Iran

Iran Allows Unofficial Harm Reduction

With cheap Afghan heroin fuelling a switch from traditional opium smoking to shooting smack and a subsequent rise in HIV/AIDS and hepatitis C cases, Iranian authorities are quietly tolerating a harm reduction centre in South Teheran. The pragmatic approach contrasts sharply with the Iranian government's official hard-line approach to drug use and begins to reverse a decision taken six years ago to shut down drug treatment facilities and simply punish drug users.

According to Iranian government estimates, some two million Iranians are drug users, with about 200,000 of those using needles. In one of the cruel ironies of drug prohibition, that number is likely to rise as cross-border smugglers turn to the more compact and profitable powder instead of bulky raw opium.

In a report from the Khaleej Times, based across the Persian Gulf in the United Arab Emirates, south Teheran street dealers reported that a daily fix of heroin was going for about \$2, while a daily fix of opium was going for \$8, or four times as much.

According to the Times, a family-run, non-profit organisation called Persepolis is running a 'drop-in centre' for drug users that includes methadone maintenance and a needle exchange program and the government is looking the other way. 'We get around 100 users a day. After they register, they receive breakfast, warm food, shampoo, methadone and a special drug-use package,' said the centre's manager, Abdoirazaq Ruhi. 'The personal drug-use package is the only way to stop transmission of hepatitis and HIV,' Ruhi explained. 'Users are obliged to return used syringes to stop sharing them.'

That authorities have not moved against Persepolis could be a sign that they are beginning to rethink the notion that drug users are criminals. Iranian anti-drug chief Mehdi Abuie told the Times imprisoning drug users had not worked. 'Six years ago, the health ministry and welfare organisations closed down the rehabilitation camps, and there was no other place for us to keep the addicts except jails,' Abuie explained. But drugs were easily found in prisons, too, Abuie lamented, and now drug users were being seen 'as needing to be healed,' a small step toward treating them as citizens rather than criminals. And the Iranian government will try a kindlier, gentler drug war, he said. 'We will try to reopen those camps,' Abuie said.

The Hep C Review, 9/04

Thailand

Thailand Vows To Send Drug Dealers To Hell

BANGKOK - Thailand has declared a fresh war on drugs, vowing to send dealers and smugglers to 'hell', despite complaints by human-rights groups that a similar crackdown last year left 2,500 people dead, mostly in unsolved murders.

Prime Minister Thaksin Shinawatra launched the campaign on Monday by declaring that 'drug dealers and traffickers are heartless and wicked'. In his speech announcing the fresh campaign, 'The War on Addictive Drugs', he pushed for harsh new measures to stop the traffickers, who 'ruin lives' and 'damage the country'.

'All of them must be sent to meet the 'Guardian of Hell', so that there will not be any drugs in the country,' he demanded, referring to a fanged demon who metes out eternal punishment to sinners, according to Thailand's mix of Buddhist and animist beliefs.

Senator Thongbai Thongpao scolded Thaksin for the comment: 'It seems that he is sending a clear message to encourage anyone to freely silence those suspected of being involved in drugs,' Thongbai said, according to the Bangkok Post.

The new crackdown aims to destroy drug networks and seize the assets of more than 1,000 influential dealers and 28,000 smaller-scale peddlers, the government said in a statement. It is due to run until next September and will focus on communities along the borders with Myanmar and Malaysia.

Last year Thaksin declared the country free of drugs after a 10-month operation that sparked immense criticism from international and local human-rights groups who castigated the prime minister for the unexplained deaths of about 2,500 people. Activists claimed many of them fell victim to extrajudicial executions by police competing to fill quotas under pressure to perform or lose their jobs. Complaints also focused on allegedly innocent people who were fingered by enemies, bribe-seeking officials, or sloppy investigations, and later found dead.

Police and officials said most of the deaths resulted from warfare between drug gangs who killed one another to silence potential informers and decimate rivals. When only a handful of the 2,500 cases were investigated, critics then insisted that the government focus on the shocking number of unsolved murders instead of harping on drugs.

The new campaign will start by cracking down on Bangkok's squalid Klong Toey slum along the Chao Phraya River where entire families consume and sell methamphetamines and other drugs to one another in a worsening spiral of addiction and misery. Police were told to nab and frisk motorcyclists because they often transport drugs through the slum's narrow, winding alleys.

Despite an earlier 'war on drugs' campaign that Thaksin claimed had removed drugs from the country, methamphetamines and other types of narcotics are once again flooding into Thailand.

'Ecstasy has been smuggled from Malaysia, while cocaine has been flown in by Africans,' Thaksin, a former police officer, announced at the meeting on Monday.

Relatively high prices for ecstasy and cocaine!popular at indoor discos and `raves' on beaches!have resulted in dealers targeting middle- and upper-class customers, causing alarm among the nation's elite.

`Ketamine has been brought in via Cambodia, where it is not considered a drug,' the prime minister said. Ketamine hydrochloride was created as a `dissociative' anaesthetic to separate perception from sensation, but high doses depress breathing and can cause death.

Thailand itself is a source of drugs such as marijuana. Much of Thailand's cheap illegal weed grows in the arid, impoverished north-east and is often used by lower-class labourers, and increasingly teenagers living in the cities.

`Marijuana is now popular among Bangkok teenagers. It is not as dangerous as other kinds of drugs, but it can directly lead to harmful ones,' Thaksin said.

The prime minister also warned against heroin, which originates mostly in neighbouring Myanmar, where rebels dominate opium-growing zones and turn the poppies' thick sap into a white powder that is injected, snorted or smoked.

Thailand's biggest problem, however, is methamphetamines because the inexpensive tablets are gobbled by students, slum dwellers and others, cutting across socio-economic classes and addicting countless youngsters and adults.

As the crackdown begins to heat up, foreign tourists, including elderly visitors, have expressed outrage at being forced to take urine tests while visiting up-scale bars and nightclubs during occasional police raids in Bangkok and elsewhere. During these raids, police lock the premises' doors for hours while medical staff use chemical kits to examine specimens at the site to catch Thai and foreign users, despite concerns that the raids will backfire on the tourism industry.

Richard S Ehrlich is a Bangkok-based journalist from San Francisco. He has reported news from Asia since 1978 and is co-author of *Hello My Big Big Honey!*, a non-fiction book of investigative journalism. He received his master's degree from Columbia University's Graduate School of Journalism.

Richard S Ehrlich, *Asia Times*, 7/10/04

Red Mitsubishi Tablet Claims Life of Teenager

Matthew Thompson, Sydney Morning Herald (6/10/04)

A teenage girl died in Sydney at the weekend from a suspected overdose of a drug mistaken by users for ecstasy.

The so-called 'red Mitsubishi' pills emerged after a series of overdoses in Sydney and one death in Adelaide. Several Sydney users had been hospitalised after apparently taking the drug in recent weeks.

The 19-year-old woman from western Sydney fell ill after apparently taking half a tablet last Friday. She was taken to Nepean Hospital where she died on Sunday, police said yesterday.

Medical experts had issued warnings about para-methoxyamphetamine (PMA), marketed as red Mitsubishi, before Saturday night's Sleaze Ball amid fears of its widespread use at a dance party attended by several thousand people.

A PMA user almost died at St Vincent's a fortnight ago. Doctors fought to resuscitate him in the hospital's intensive care ward.

'We got him around but it was touch-and-go there for at least 24 hours,' the director of emergency services, Gordian Fulde, told the Herald last week.

As with a handful of other overdose victims treated over the past two weeks, he believes the man had taken the hallucinogen, which increases blood pressure, temperature and pulse rates.

'When it goes bad it acts very differently on the patient than any of the other [recreational] drugs. None of the other ones melt you down like that,' Professor Fulde said. 'Basically what happens is you just cook from inside. The actual machinery inside each cell just melts down and bursts and that is the end of it.'

Professor Fulde said yesterday that the feared influx of users from the Sleaze Ball had not materialised. While 'we got a whole swag of people who were worried that they had taken red Mitsubishis, it turned out they hadn't and none went to intensive care'.

The director of the alcohol and drug service at St Vincent's, Alex Wodak, said that because the black market drug manufacturing was inherently unreliable, testing kits were worth trialing. 'We should be doing whatever we can to try and prevent these deaths,' Dr Wodak said.

Tip Of The Month

If verbal communication with the substance user is difficult, try writing them a letter. Express your thoughts and feelings and don't forget to mention the positives

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Anti-Drug Chief Blasts Greens

Neil Wilson, Herald Sun (6/10/04)

Howard government drugs chief Major Brian Watters has branded the Australian Greens drug policy as 'lunatic' but said he could work with a Latham government.

The chairman of the Australian National Council on Drugs conceded the 'just say no' policy favoured by Health Minister Tony Abbott could be too simplistic when applied to drug addicts who had lost the ability to reason in face of physical addiction. But he hoped an ALP government would proceed with the planned anti-drug advertising campaign suspended during the election, in spite of his close association with Prime Minister John Howard.

'With the exception of the lunatic Greens, all the parties I know don't want normalisation (of drugs), they wish to emphasise prevention,' he said. 'Anyone who is tempted to dabble, the aim has to be to keep them out of the criminal justice system.'

Greens policy advocates the controlled availability of cannabis at 'appropriate venues'.

The party proposes the investigation of regulation of the supply of ecstasy and unspecified drugs in controlled environments.

Major Watters has been featured in Melbourne newspapers just 10 times in the past year, in contrast to his hardline, outspoken zero-tolerance stance before retiring from the Salvation Army.

He defended his low profile on the basis he had a bigger impact working as chairman of the council on drugs. 'I've supported the Federal Government in totality, tough on drugs but compassionate towards those who become addicted,' he said.

He defended the \$27 million spent on the Tough on Drugs advertising campaign, despite criticism from some doctors and researchers that young adults were not taking notice of them.

Major Watters said television advertising for the next phase of the two-stage anti-drug campaign,

begun in 2001, was almost complete but had been halted because of the poll.

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Have You Considered Leaving A Bequest To FDS?

Leaving a gift in your will can provide the financial support that we require to continue the worthwhile work of our charity.

Your bequest will assist FDS in continuing its valuable support of families struggling with the trauma of a loved one's drug or alcohol use. By pledging your support now, you will have the pleasure of knowing that you have made a gift to others struggling with these issues. Please call FDS to discuss your bequest.

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.Peers, Not Parents, Sway Teen Drug Use

Amanda Dunn, The Age (7/9/04)

Teenagers' friendship groups in the late stages of puberty have the greatest influence on whether they drink alcohol, smoke or use cannabis, Melbourne research has found.

Victorian children appear to be using substances at high rates!especially alcohol, with almost one in five boys and one in eight girls aged 12 to 15 reporting they drink alcohol weekly.

Researchers from the Murdoch Children's Research Institute surveyed almost 2900 Victorian children in years 5, 7 and 9, and compared their substance use with peers in Seattle, Washington. They found that 39 per cent of Australian boys and 34 per cent of girls had used alcohol, tobacco or cannabis, compared with 25 per cent of American boys and girls.

Alcohol appeared to be the Australian teenagers' substance of choice, with 46 per cent of boys and 40 per cent of girls reporting they had drunk alcohol in the past month.

Cannabis use was lower than for the US group, with one in 50 Australian teenagers in years 7 and 9 reporting they used cannabis weekly. This compared with one in 20 of the Seattle group.

The Australians were also heavier smokers, with 7 per cent of boys and 8 per cent of girls reporting they smoked daily, compared with 3 and 3 per cent respectively of the American students.

The study, published in the journal *Pediatrics*, also looked at the stage of puberty the students had reached when using substances.

Lead researcher and director of the Royal Children's Hospital's Centre for Adolescent Health, George Patton, said the results showed that the earlier teenagers reached puberty, the more likely they were to be substance users.

Researchers found the greatest risk for under-age substance use was 'kids in late puberty affiliating with . . . kids who were substance users', Professor Patton said.

He believed this signalled the need to rethink policy on under-age drinking, smoking and cannabis use.

'The focus has been very much on education of young people about the risks of drugs, but it seems to me that these findings are telling us that's working against some pretty powerful biological drivers that are driven by the processes of puberty and what follows,' he said.

'I think we sometimes come into it a bit too late, or we somehow have a notion that the cause of these problems is very much earlier in life.'

Professor Patton said that would mean tougher enforcement of the laws against teenagers using substances, and a cultural shift to take the issues! particularly teenage drinking! more seriously.

The disparity between substance use in the Australian and US groups could partly be explained by cultural differences, Professor Patton said, including a higher legal drinking age in the US. He worried that in Australia there was not enough concern about under-age drinking.

'Kids are not allowed to smoke, they're not allowed to drink, and yet

they have access to the means to do so,' he said.

The consequences of teenagers using substances could be serious. 'What we know is that early use and early regular use are the best predictors we have of later substance abuse,' Professor Patton said.

Early use of cannabis is associated with mental health problems including depression, anxiety and psychotic illness later in life. Professor Patton said there was growing evidence that early alcohol use was linked to later depression

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Cannabis Cutback

Paula Goodyer, The Sydney Morning Herald (30/9/04)

Pot is by no means a male-only drug, but men and boys in all age groups smoke it more than girls and women, especially during the peak pot-smoking age of 20 to 29, when almost 20 per cent of men are smoking daily compared with 14 per cent of women.

No one knows how many people want to quit cannabis, but if the profile of those seeking help at the Langton Centre in Surry Hills is typical, the changes are they're mostly men in their 20s and 30s.

The cravings and irritability that make it hard to stop smoking tobacco are bad enough, but quitting cannabis can be harder still because of the insomnia that plagues 90 per cent of people after they stop.

Now, researchers at the Langton Centre may have an answer!a drug which, used short-term, helps avoid insomnia and makes it easier to get through the withdrawal stages.

The best treatment available for cannabis dependence is counselling using cognitive behaviour therapy!a `talking therapy' that aims to help people change behaviour by changing their thinking, says Dr Mark Montebello, a Langton Centre psychiatrist. (The centre runs services for people with drugs and alcohol problems.)

`But we want to improve on this by helping to take the edge off some of the symptoms that can make people start using pot again,' Montebello says. `Insomnia can be a major stumbling block to quitting because people know they can get to sleep once they have a cone.'

The drug, an antidepressant, helps people sleep. An earlier pilot study suggested the drug had promise in cannabis addiction, so the centre is now running a larger study to gauge its success.

Many of the men coming to the Langton Centre began smoking pot in their teens, have smoked everyday and now, 10 years on, have had enough.

`They're fed up with all the money and time they spend getting cannabis,' says Montebello. `Often their friends who used to smoke with them have tapered off and moved on.'

The demand for help to quit has tripled over the past decade!ever since researchers began to realise pot could be physically addictive, meaning that when you try to quit, your body protests with symptoms such as night sweats, irritability and anxiety. There's also growing evidence that pot isn't as harmless as it was once thought to be. It can trigger psychosis, especially in people predisposed to schizophrenia, while long-term use can cause problems with memory and concentration, and increase the risk of cancer!cannabis smoke contains higher levels of carcinogens than tobacco.

However, cannabis addiction isn't inevitable!only one in 11 pot smokers becomes dependent. Nor is it true that everyone who uses pot has problems. Although there's evidence that some teenagers smoke to deal with depression and anxiety and that pot may also trigger depression, especially in young people, many pot smokers pack a cone for the same reasons others pour a drink!to socialise, relax and have fun.

`I had a great childhood. I felt good! but one weekend when I was 15, I tried pot and loved the feeling it gave me. After that, I smoked every weekend, and when I left school and started work I smoked every night,' says Anthony (not his real name), who gave up pot in his 30s with the help of Narcotics Anonymous.

`What started as three or four cones a night became 10. On the outside, I functioned normally!kept my job, supported a family, but I'd wake up every morning feeling like shit. There was a permanent fog in my head. I felt controlled by pot!I couldn't even go on holiday unless I could take it with me or be sure of scoring it.'

Five years ago, after a few attempts to quit, he finally stopped.

`Although I had night sweats for a few nights and didn't sleep well for a week or two, it wasn't that bad. But I knew I wouldn't last without help so I went to NA and I've been going since. Stopping pot felt so good!I felt liberated.'

Although most people seeking help to quit cannabis are older, a project at the National Drug and Alcohol Research Centre at the University of NSW is helping 14- to 19-year-old pot smokers to stop or reduce their use.

Called the Adolescent Cannabis Check-up, it takes a non-judgemental and non-coercive approach to helping teenagers look more objectively at their cannabis use and the role it plays in their lives. If they decide they want to quit, it then gives them strategies to help.

`It's good to get in early,' says Greg Martin, the program's research psychologist. `The age of first use of pot is getting younger and the earlier someone starts, the more likely they are to have problems that affect their education and increase the risk of involvement in crime later on.'

Concerned parents can contact Martin on 9385 0333. For information on the Langton Centre study, contact the Intake Worker on 9332 8777

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Thoughts On The Mulgoa Workshop

I would like to say a special 'thank you' to Tony and Sandra for all the effort and hard work that went into organising our volunteer weekend at 'Winbourne' Mulgoa. Also thanks to our guest speakers, Brian Cade and Bruce Munro who gave freely of their time and expertise. Clearly, we are extremely fortunate to have people such as Brian and Bruce working with people who for one reason or another have lost their way; and thanks to Theo who has that special way of including everyone and making others feel at ease.

In some aspects, the weekend was a challenge for me, meeting new people. Sandra, my room-mate, was good fun and easy to get along with. The weekend was 'full on' and some free time (for the next time) would be beneficial for reflection and socialising. Working in our teams was good but it meant little time to talk to others in a more informal manner as everyone had interesting stories and experiences to tell.

As this is my first year as a phone volunteer with Family Drug Support, the weekend was a great opportunity to meet with and get to know other volunteers and to feel part of a team. Also, to update and refresh my phone skills was extremely beneficial. However, I would have liked more time on our session, 'Stepping Stones to Self-Awareness'.

I feel I have gained a lot more knowledge and understanding of Family Drug Support, its aims and future challenges.

We said our farewells around 4pm Sunday and left the tranquil property of 'Winbourne' Mulgoa and back to reality again.

I can recommend the weekend to all volunteers because it's fun while learning. Thanks to everyone. See you next year. Flo

"" "" ""

I am a new volunteer for FDS and only recently attended the telephone support line training. Also, I had a chance to be part of the annual volunteer weekend at Mulgoa.

The training was excellent and consequently I wanted to find out more about the approach that FDS takes towards drugs and their affect on families.

Mulgoa exceeded all of my expectations. I met a group of 46 dedicated, interesting, wonderful people, some from Brisbane, Adelaide and Canberra! in a beautiful setting and learned a lot about FDS volunteer work and myself.

I particularly enjoyed Brian Cade's talk, the small group work and all the valuable information Tony and the group leaders provided, not to forget our entertainment night! It was a lot fun.

As a new volunteer, I felt valued and nurtured by Sandra, Tony and everyone else from the organisation.

For me, the most happy surprise happened when I got home!tired but happy!late Sunday afternoon and we had a family dinner, including our son (22, history of heavy cannabis and occasional speed use over many years but has improved a lot in the last year). Everybody was interested in hearing about the weekend and I think for the first time ever, we were able to talk about drugs (including our son's use) as a family in an open, relaxed, non-judgemental atmosphere. We also talked about mistakes that everybody had made in the past, emotions and accepting the other's feelings.

It was absolutely wonderful, and if it would be for that one conversation alone, the volunteer training and Mulgoa weekend were worth every minute spent on it.

I know now that whatever is in store for us regarding our son's drug use, with the help of FDS we will get through it a lot better than in the past. And I hope as a volunteer I can make a difference to other people affected by drugs in difficult times.

Christiana

"" "" ""

In my life experiences, I have attended many conferences, seminars, training sessions and workshops. The Mulgoa workshop I recently attended was an exceptional personal and professional experience.

I feel very privileged to have had the opportunity to attend, and thank DACS, FDS, Tony and Sandra for all the assistance I received.

The setting of Mulgoa is picturesque, tranquil and nature at its best. Not having to prepare meals was an added bonus.

Walking into a room with 40 or more unknown people present can be rather daunting at times but Tony had us communicating with each other within half an hour and we rapidly became a large unified family. From students to retired and many occupations in-between, the harmony and friendship was astounding.

The program, although intense, was very informative, inspiring and motivational. It also gave us the opportunity to build our self-esteem, confidence, refresh our phone skills and laugh!something we often forget to do. The variety of the program with guest speakers, a hypothetical, group sessions, information sessions and FDS Olympics (bad taste indeed)!all provided a forum to learn and grow together. The late night football viewing and chats provided social relaxation and bonding.

On leaving Mulgoa, I felt sadness at having to say goodbye to new friends and return interstate. Hopefully, we

will all meet up again. On reflection since returning home, it is very obvious to me how much effort Tony and Sandra put into the workshop. We may have left mentally exhausted but they must leave physically drained as well (depending on personality type). The flow of the weekend alone is a credit to them regardless of all the other details they attend to. On behalf of us attendees, I thank you both.

I urge all volunteers to consider attending at least one Mulgoa workshop. You have the power within ! reward yourselves.

The experience has certainly enriched my life and I promise myself to attend again in the future. Also, being able to visit the `office' was another experience that provided more insight into the services we provide.

Thanks to all, especially those who assisted in transporting me and made the trip such a positive experience.

Chris

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Update On Vancouver

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

Dear All,

I am just back from a brief visit to Vancouver. My previous two visits to this incredibly beautiful city were very depressing. Now things are definitely looking up.

Drug overdose deaths, HIV/IDUs, crime, etc. are all going down (but still too high). The mayor got elected (landslide) on a harm reduction ticket. The safe injecting site (looks fabulous) is just one year old and the 12 month report was positive.

The site for the heroin assisted treatment trial will be finished within a few weeks and a trial start within a couple of months. Drug users talk to police who talk to health care workers who talk to politicians, etc.

We did a lot of media and the journos were pretty positive.

I had a similar very positive trip to Malaysia just a week or so ago.

After so many years when we saw such little progress for all the hard work, I think we are now really starting to see some results. Not everywhere, of course.

The purpose of this writing is to remind us that while 'stuff happens' most of the time, we can now also see worthwhile results from our hard work.

Dear Tony,

You have certainly made one hell of a difference in Vancouver (and of course, many other places as well). I have just come back from Vancouver.

The Grief to Action group was inspired by FDS and came to many of the functions, often quoting you and your brave example.

It was wonderful. Drug users talk to police who talk to health care who talk to government officials who talk to parent groups who talk to politicians! another example of the global movement to HR and drug policy reform.

When the main cop in Chinatown came back from six months sick leave for cancer treatment, he was very moved when the drug users asked him, 'Are you alright now, Ken?' That's real harm reduction.

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Merrylands Area

Anyone interested in a local group to share information and to obtain the latest in family drug support?

Call FDS on 9798 0001

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Door Openers, Door Closers

Remember The Most Important Person In The Room

Narcosis

After a silver jubilee of daily drug use!the last 15 years on heroin!I first came through the NA doors 111 days ago, strung out, fucked up, seriously suicidal and very, very sick. With deep gratitude to this group of addicts, I am working, reconciled to my loved ones and enjoying health and happiness without a drink or a drug. I want more of this magical recovery program.

Having been through the earliest days of recovery, I thought it might be helpful to share the things that affected me positively and negatively in the first couple of months when it was touch and go between the grave/loony bin and fulfilment. I'm pleased to say, there were thousands of door openers and not many door closers, but here I'll share the top of each for me, in random order:

Newcomer door openers

C He listened to me for ten minutes

C She asked me my name, how I was going, what's happening

C She remembered my name though I remembered no one's

C He told me the first 90 days, every day is an eternity, but it definitely gets better

C She told me if I put anything before recovery, I'll lose it

C He told me to sleep, exercise, rest and have plenty of food, water, massages, etc

C He told me to jump in and share at least once a week and always when asked to

C She told me to stick with people with good time up

C He told me to keep it ultra simple

Newcomer door closers

C He ignored me when I introduced myself

C He (with years of clean time) blabbed at me for two minutes then split

C She used jargon (e.g. H&I, PI, GSR) in shares, without explaining

C He substituted 'keep coming back' for answers to questions

C She heaved me about some stupid little thing

C She used cliché power over me instead of hearing my battered spirit

C He judged me by my appearance, knowing nothing about my life

C He didn't return my phone call

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Brownlow Drugs Scandal

The Sunday Telegraph (26/9/04)

Evidence of illicit drug use at the prestigious Brownlow medal presentation has emerged, deepening football's party drug scandal.

A series of drug tests performed at Crown Casino's Palladium Room on Monday night revealed the presence of cocaine, speed and ecstasy.

The Sunday Herald Sun investigation found traces of the drugs in the venue's bathrooms only metres from where AFL chief executive Andrew Demetriou read out Brownlow votes.

Football's glamour event was attended by more than 1400 people, including current and former football stars, their partners and a who's who of Melbourne celebrities.

As the stars left the venue, The Sunday Herald Sun tested the lids of toilets in the male and female bathrooms.

The eight positive swabs were then analysed by an accredited private laboratory, which found:

C Pure cocaine on four of the swabs.

C A cocktail of cocaine and MDMA (ecstasy) on one.

C A mix of cocaine and methylamphetamine (speed) on another swab.

C Trace levels of cocaine on two swabs.

In an e-mailed message on Friday afternoon, AFL media manager Patrick Keane said the AFL had 'no response'.

A Crown Casino spokesman said the results were a matter for the AFL. 'If these results are correct, we would be very disappointed,' he added.

The Brownlow 'blow' discovery follows a string of party drug furores involving players.

In May, the AFL admitted recreational drug use among its athletes was an emerging problem and announced a new testing regime for players.

The AFL's new detection program allows it to test players 24 hours a day, seven days a week throughout the year.

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***** Stop Press *****

FDS is very pleased to announce that Professor Peter Baume has accepted an invitation to become the Chair of FDS. He has wide experience in the medical, political and academic fields and brings a wealth of knowledge and commonsense about the drugs issue to our organisation.

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No Toilets For Jail Visitors

The Daily Telegraph (15/9/04)

People visiting prisoners in jail have been banned from going to the toilet in a bid to stop contraband being smuggled into jails, Justice Minister John Hatzistergos said last night.

He said some visitors were known to

smuggle drugs into jail by swallowing condoms filled with narcotics before excreting them in the toilets and then passing them onto prisoners through kissing.

'If people go the toilet during the visit then the visit is over,' he said.

Alone They Are Together

Alone, in the room they sit together,
Worlds apart, but still they are the same.
Mother sits in thought, contemplating,
On what is going to be her baby's name.
Two years have passed, her child is getting older,
Mothers proud of how her little boy has grown.
He cuddles in her arms and now is sleeping,
Playing in a dreamland of his own.
She must let go, and look away,
As tears flow from her eyes.
He climbs aboard the big yellow bus,
and waves to mom `goodbye'.
My how time flies, her son is grown,
Or so he seems to think.
He has no use for momma now,
It's dope, and booze, and drinks.
He only goes out partying,
With the coolest of his friends.

He has no way of knowing,
That his young life soon will end.
'An overdose,' says the coroner,
And shakes his head in disbelief.
While mamma's busy crying,
And choking in her grief.
In the start they were as one,
Till drugs tore him away.
So mamma tries to remember him,
As he was in his younger days.

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Support For Grandparent Carers

Western Sydney Grandcarers meet every 1st and 3rd Thursday of the month from 10am to noon at 56 Woodriff Street, Penrith. For enquiries, call Jenny on 4721 4410.

Groups also meet at Bankstown and St George areas (enquiries 9772 1635). For other groups near you, contact COTA Seniors Information line on 131 244 or Carers NSW on 1800 242 636.

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Demand For Speed Overtakes The Rest

Tanya Moore, Courier Mail (5/10/04)

Ecstasy and cocaine use are on the rise in Queensland, but it is the methamphetamine or 'speed' market which poses the state's highest organised crime risk.

A Crime and Misconduct Commission probe into organised crime in the state over the past five years found an increasing demand for most illegal drugs.

It found the illicit markets had become 'extremely dynamic and far more diverse, with an emphasis on 'party drugs' predominantly'.

CMC chairman Brendan Butler said the methamphetamine market 'the state's riskiest' had developed into a 'cottage market' industry to meet the demand from increasingly experimental users.

The CMC report found more amphetamine labs were seized in Queensland than any other state, while speed-related offences per 100,000 population remained one of the highest in Australia.

Mr Butler said the drug was of a particular concern because it could cause violent behaviour in its users.

A high correlation between amphetamine use and prisoners in southeast Queensland jails was also found.

'This market reaches all parts of Queensland,' Mr Butler said.

'You can find amphetamine users in all country towns, in all regions of Queensland, and there are many users particularly in the nightclub scene.'

The nightclub scene was also targeted by the report for the distribution of ecstasy, which was quoted as the most widely used 'party drug' in Queensland.

CMC intelligence and information director Paul Roger said the distribution of drugs in clubs was a definite problem which the CMC would focus on addressing.

'Drugs like ecstasy and cocaine are predominantly seen as party drugs by a lot of people, so they have a strong link to the nightclub industry,' Mr Roger said.

'We are not saying that all the nightclubs are distributing these drugs, but it is an area where we want to enhance partnerships to try and get them (nightclubs) to understand the problems better.'

The report also identified:

! A rise in the use and availability of the amphetamine `ice' in Brisbane and the Gold Coast.

! A substantial increase in the north Queensland cocaine market.

! An increase in heroin supply, but not to the level seen before 2000.

! An increase in the criminal misuse of prescription medicines.

! A need for more research into the cocaine market due to users, who were not necessarily involved in criminal activity, remaining undetected.

Drug Squad Detective Inspector Brian Wilkins said methamphetamine remained a `high investigative priority' for Queensland police. `Certainly the largest amounts of labs are found in

Queensland,' he said. But he said the labs tended to be smaller than those in the southern states.

He disagreed with CMC intelligence information which indicated criminals were moving to areas where there was a low level of law enforcement to carry out their drug activities

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Black Youth Splurging On Cannabis

Ashleigh Wilson, Australian (4/10/04)

Young Aborigines in Arnhem Land are spending up to two-thirds of their income on cannabis after the drug exploded in popularity across Top End indigenous communities in the late 1990s.

A new study into the high rate of cannabis use in Arnhem Land found that drug-related financial pressures had led to widespread violence and intimidation among families, with Aboriginal communities spending about \$1 in every \$6 on cannabis.

The study by the Menzies School of Health Research found cannabis had also added to existing patterns of other substance abuse in Arnhem Land, including petrol-sniffing and amphetamines.

It follows a previous report by the same group of researchers that found up to 70 per cent of Aboriginal men and 30 per cent of women aged between 13 and 36 had started smoking cannabis in the late 1990s.

`That rate is considerably higher than in the rest of Australia,' said the main author of the study, Alan

Clough.

'The prevalence of cannabis use is much wider in Aboriginal communities, and has been established much more rapidly than elsewhere in Australia.'

The research, to be published in the Drug and Alcohol Review in December, was based on interviews with 336 people aged between 13 and 36 in two Aboriginal communities in Arnhem Land. The study details how drug dealers are making a killing in the communities by charging about 12 times more than they would in other parts of the Northern Territory.

A small packet of cannabis cost about \$50 and there were no guarantees about how much would be inside.

'The dealers have enormous flexibility to charge what the market is prepared to pay,' Mr Clough said.

The study says most of the young drug users in Arnhem Land bought at least one \$50 packet of cannabis each week, spending between 31 per cent and 62 per cent of their average weekly income of \$160.

Cannabis users also were less likely to participate in education or training programs and were more likely to suffer weight loss and other health problems. The study also notes concerns about the increased possibility of alcohol-related suicide when combined with cannabis use.

It reveals that more than half the cannabis users aged under 20 had a history of petrol sniffing. Mr Clough said further work was needed to determine whether cannabis use had exacerbated the health problems suffered by petrol-sniffers.

'There's really no other situation like it where people have been using inhalants

for the last few years, and then along came cannabis,' he said.

But Mr Clough said he was encouraged by recent anecdotal evidence that suggested the explosion of cannabis use in remote Aboriginal communities had reached its limit.

'We are possibly over the peak of the epidemic,' he said. 'People are telling me that they are either starting to slow down or abstaining.'

The research comes as the territory Government prepares to table this week a major report into substance abuse across the territory.

The Government has announced \$10 million would be spent over five years to implement the recommendations of the long-awaited report.

'We can no longer pussy-foot around these issues,' Community Services Minister Marion Scrymgour

said.

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.Don's Book Review

In The Eye Of The Needle

by Ingrid van Beek

Ingrid van Beek is the medical director of the Kings Cross Sydney Medically Supervised Injecting Centre (MSIC). This book is her diary of events from the very beginning to mid-2004.

Depending on your own viewpoint and attitudes, what she has to say can be very uplifting, very positive, or downright un-Australian and perverse.

This reviewer states here and now that he is in the former camps and is appalled by much of the reported opposition to this magnificent crusade. Appalled by the prospect that, after October 10, we are condemned to three more years of fierce federal opposition to such a venture, led by John Howard himself. Howard indicated on July 9 2004 his unwavering opposition (never ever . . .) to trials of heroin prescription or supervised injecting centres.

And as to Howard's amazing claim that somehow our country is at the cutting edge in the war against drugs: straight out of Animal Farm, perhaps. Howard's appointee, Brian Watters, is identified as having recently made an astonishing `survey' of his own Salvation Army centres, and deduced that they are down 20% on capacity, largely because of the new MSIC; and that very few of the referrals from the centre to the Salvos are being acted upon. The quoted methodology involved in the `survey' borders on silly, and apparently was conducted on a day when the major had nothing else to do.

The Howard-Watters alliance is calmly and carefully presented without overt bias, along with depressing comments and refutations of the uninformed, or at best misinformed, words of several prominent talk jocks, religious politicians and columnists. The Australian newspaper's demise from its proud independent status is also taken on.

But there is much to cheer and be grateful for. Clover Moore's commitment. John Brogden crossing the floor to vote on conscience. The legendary Ian Webster and his wisdom. The dependable `public face' of FDS and Tony Trimmingham, cited in her diary as always a reliable rock for van Beek. The sheer human guts of Harry Herbert.

The slanging matches are distressing. One columnist apparently refuses to call the MSIC anything but

a shooting gallery. What sensitivity. What compassion. What cruelty to defenceless fellow human beings might lurk within the power of the pen.

Speaking of legends, this book brought home to me yet again how our nation is skewed. We know the comparisons Tony Trimmingham has made between FDS funding and items of less significance in the community. We know how sportsmen (and to a lesser degree women) are paid outrageous amounts of money and how we glorify some that should be shamed. The trivia put in this Kings Cross team's way- for example the silly question raised without notice in the NSW parliament- comes across as downright medieval.

One might ask why van Beek and her team struggle on, but then there are the successes, and yes, even the laughs. It isn't easy to laugh when you have a user on the roof threatening to jump, but later on, writing your diary, the humour sneaks out. There was the crowd below, some of whom were apparently goading the jumper to get on with it, so they could go back inside and continue with their injecting. Not funny, but when you are reading this deeply personal account, you see that van Beek has to stay sane. Sometimes laughter forces its way through.

And the guy who inadvertently whilst washing his hands, allowed a small balloon of heroin to go down the basin, and fortunately did not have the tap on hard. He told everyone not to worry, as he had been a plumber. Off came the S-bend attachments, and sure enough, some said miraculously, there was his balloon, intact. Unfortunately he couldn't put the whole gizmo back together, and they had to call in real plumber. A funny twist indeed (get it?)

Did you know that a lot of users carry pets? Ignoring the ghastly American pit bull that someone tried to bring in with him, there is a variety of rodents and such like. Rabbits are popular, as are mice and rats. I am reminded of Mark Haddon's *The Curious Incident of the Dog in the Night-time* in this regard (do yourself a favour and read it).

Did you know that almost all street-based sex workers are drug dependent? I didn't. They inject heroin several times a day. Do you believe that they deserve support? Many in the community don't. That's an issue raised on page one. Strong police support for the entire project was there originally, went, and has now returned. Currently it seems that police support is the best it's been. That really is promising and van Beek publicly thanks the local police bosses.

Needle damage is a very real threat. We know that the likelihood of needlestick infection, be the damage anything from the unthinkable, to the hepatitis areas, is minuscule. However, it must be catastrophic for the recipient of the gash. Several of these instances are reported in the diary and we live the trauma; vicariously, to be sure, but vividly.

The deaths are the saddest part of all. A colleague and a friend both die during the course of the diary, both experiences recorded with excruciating and immediate pain. The friend, a former administrative assistant, had taken a lethal dose of heroin and her husband awoke at 5am to find her lying dead, next to him. Devastating stuff.

The constant checking by the various licensing authorities is frustrating. However, when the final

check can find nothing whatsoever to complain about, the reader feels the relief oozing through the writing. You won't believe what is cited as needing attention along the way. You'll find yourself shaking your head at bureaucracy, and yet why should you? It happens all the time.

We follow the Chamber of Commerce and its nefarious activities all the way, until its final disbandment and collapse. That gives great heart.

The final lines of the diary are uplifting. They speak of pride and trust, and of faith in the project. They reveal a special woman with a special talent and such drive (and by the way, such a beautiful prose style). They outline the tension leading to the success of the application for extension for another four years- virtual tenure, as she says.

When a former member of the obstructive (and defunct) Chamber of Commerce requests of van Beek that his daughter and three of her Year Ten classmates drop in at the centre to discuss the MSIC work, you sense the progress, despite all the ostriches.

The father explained that he had presented his side, and that he felt his daughter, as a young Australian, should be free to see and listen to the other side as well, and then to make up her own mind.

Good onya, Mate.

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Memorial Corner

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

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

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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 for bulk orders.)

For more information, phone: 9798 0001

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Need Help?

Please click [here](#).

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