



Insight Jan/Feb 2005

Thoughts From Our New Chair

Professor Peter Baume

You have asked someone with no long-term sticking power to be your Chairman.

Things seem to occur in 15 year lots.

There was a career in medicine that started many years ago at Royal North Shore Hospital and went on for some 18 years. I was a consultant physician with rooms in the North Shore Medical Centre and an appointment at RNSH. There was teaching in physiology and clinical medicine, teaching to young doctors, and teaching to nurses during that time.

Then there was a career in politics as Senator for New South Wales lasting 17 years between 1974 and 1991. During this time, there were Whipships, four Ministerial posts, seven terms and a place in the Cabinet. During those years, we were in both Parliament Houses and I was present during the awful days of 1975.

Then there was a professorial position at the University of New South Wales from 1991 to 2000 (when university retirement occurred). I was head of the School of Community Medicine and am now an

Emeritus (read `retired') Professor of that University.

There are a lot of community activities !things like the Committee of Management at the Wayside Chapel, the Killara Bowling Club, Board work, and charity work.

I have been on the ANU Council since 1986 and became Chancellor in 1994. It is my intention to retire in 2005. It is the best University in the Country, and has the best Vice Chancellor I know, and a place about which Jenny and I are very proud.

So there you are. Jenny and I have two children and three grand children. We live at Mosman.

Why this position with Family Drug Support?

Well, Jenny and I are passionate about drug use and about any role that we could possibly play.

We are both concerned about the role of families and it has been my pleasure and privilege to know and to interact with Tony Trimmingham!at the Drug Summit, for example.

I visit the Wayside and launched the book by Ingrid van Beek on the Medically Supervised Injecting Centre Chapel at Kings Cross. At the University of New South Wales I had responsibility for questions associated with drug use and had NDARC reporting to Faculty through my School.

So FDS was a natural and felicitous choice. I certainly look forward to my time with the Organisation.

A Way Out

My daughter is a dancer who is completing her second year of a contemporary dance degree. Her final piece of work this year was from the heart. It was an expression of the seven years of her sister's heroin dependence which has had major impacts on her own adolescence and growing up. To accompany this work, she wrote a short poem by way of introduction.

To me, her light will never go out . . .

dead eyes and heavy lids

but to me, her light will never go out . . .

distorted smile plastered over a wasted mind

but to me, her light will never go out . . .

she has stolen so much from herself

but there is a way out . . .

and to me her light will never go out

Holly

Time To Say Thanks

Firstly, we apologise to anyone who is left out from the extensive list of FDS supporters.

- C To all our members!you are why we exist
- C To all our telephone volunteers! you are our lifeblood
- C To our support facilitators!Theo, Patsy, Bob, Fay, Lorrie, Judy, Heather, Kath, Lyn and Geoff in Wyong, Kath in Adelaide, LEEANNE in Hobart, Sonja in Brisbane and especially those hard working people who have established new groups!Jim in Newcastle, Cristeen in Cessnock and Pam in Port Macquarie
- C To Carmel and Tamara in Brisbane, Bruce and Prashant in the ACT
- C To our Webmaster Graham!a labour of love
- C To our wonderfully enthusiastic board who help in so many ways
- C To our professional panel for their support
- C To our colleagues and co workers in the field!particularly to Brian and Marion McConnell who with Families and Friends for Drug Law Reform who do so much to change the system for the better
- C To the politicians who encourage the work of FDS!particularly Marise Payne, Dr Brendan Nelson, Julia Irwin, Linda Burney, Tanya Plibersik, Rob Oakshott, John Mills, John Della Bosca, Ian Cohen, Clover Moore and others

2005 will be a very important year for FDS and our wish is that you have a successful year in your efforts at a personal and family level.

May Christmas be peaceful and loving and we look forward to your continued support.

Tony & Sandra

Needle Exchange Locked Out Of Jails

MX!Melbourne (16/11/04)

The State Government has rejected a proposal to set up needle exchanges in prisons.

Justice Minister John Hatzistergos also ruled out conjugal visits for inmates.

The proposals were made in a report by the Australian National Council on Drugs.

'The needle exchange proposition is ridiculous and is an unacceptable safety risk to staff,' Mr Hatzistergos said.

'Drugs are illegal in correctional centres and we devote a huge amount of time, effort and resources to keep them out.'

Insights Out

am writing this after the Sydney Volunteers Christmas Party. Although I am tired and have been anxious about Tony's illness, I feel exhilarated that we have so many volunteers and seeing so many of them together was fantastic.

These social events are important in maintaining team spirit and getting to know the people who are the essence of FDS. Thank you to all those volunteers who organised tables and chairs, collected food, ice, etc. and for all the offers of help!so many that I didn't get around to all of you.

Now for a quick update!many of you will know that Tony had a quintuple heart bypass in late November from which he was recovering extremely well. However, he was readmitted to hospital four days after his release with a serious infection.

The good news is that the infection is slowly clearing and hopefully he will be home in time for Christmas.

It's not often that I can contribute to this column, so I would like to take the opportunity to tell you how fulfilling my work as a volunteer coordinator is. I have made wonderful friendships, met fantastic people and I find being on the support line equally as rewarding. I have listened to people tell their stories and wished I could reach out and give them a hug. We all want someone to listen to us and care about what is happening to us and hopefully that's what we can offer.

I would like to wish you all a peaceful Christmas and New Year.

Sandra Lines

FDS Volunteer & Telephone Coordinator

Addict Gene Found

Herald Sun (7/10/04)

Australian scientists have found a gene that makes people more receptive to alcohol and drug addictions in stressful situations.

Queensland University of Technology Professor Ross Young said the gene, known as the D2 dopamine receptor, was found during genetic testing of more than 1400 people. He said it appeared to be triggered during stress, making it more difficult for its carriers to resist peer pressure. The results were part of a study into links between substance abuse and genetic risk. He said finding a trigger was important because not all people with the gene, and who came from high-risk families, became substance abusers.

Jeremy's First Remembrance Ceremony

30 October 2004, Ashfield Uniting Church

Our son Jeremy died of an overdose of heroin in Newcastle on 14 June 2004 whilst his brother Kane and the paramedics from John Hunter Memorial Hospital tried to save an already dead brain.

We had walked beside him in his journey and fought the war from the age of 15. Sometimes, he was an addict and at other times, he was a casual user. Most treatments were unsuccessful, all of which he wanted to work so that he could just get on with his life.

I have used the support offered by FDS in South Australia (thanks Kath). We moved to the Hunter Valley when Jeremy moved to Miraki, Goldcoast Rehab. For nearly nine months, he was healthy, happy and trying to find himself. This loving, caring, bright charismatic boy, then a man, just couldn't say: *I can't promise you I will not ever use again because I like it, Mum, but I promise you I will try.*

Jeremy had his ashes scattered in his favourite sports field Mt Buller where college and university friends gathered to farewell him and openly say, but for the toss of a coin, there we go. I felt a desire to be able to attend the FDS remembrance ceremony for Jeremy. At the last minute, due to a business commitment, Philip was unable to come, so I set off for the three hour drive with a picture of Jezz beside me in the car and instructions on how to get there. I arrived at 5.15pm and parked in the street opposite where I was able to watch people arriving. I decided I couldn't go in but I could hear my son saying: *You can do it, Mum. Go on, you can do it.*

I rang Philip to say I was coming home. He said: *Why, all of those people are exactly the same as us. Go in.* Then my bladder won. I gathered up my large comfort bag, put Jezz's photo in and walked across the road, met Tony at the gate and asked if I could use the bathroom. I attempted to compose myself and headed right for the gate straight into the arms of Cristeen, a person whom I have met from the local branch of FDS. With her support, I entered the church to sit in a corner and listen and watch, wanting to belong. Tony handed out lists of names to be read. I shook my head; this is just too hard for me this year.

The names and ages being read out made it real; the photos on the screen; so much life; so many risk-takers; so many beautiful people; so much waste; the number of candles that were lit. The cross-section of the community was obvious. The families that have lost part of their hearts and souls were here all openly mourning and able to show grief.

I was no longer alone in my pain. It was being vocalised by others from the pulpit, in their eyes and in their action of attending this very special service. In the support they were giving each other, they were verbalising my son's life.

The supper held in the hall afterwards was a chance to meet others, although for me this was most subdued. Obviously a real kinship had been formed between these people with the common denominator being drugs and death.

Will I go again next year? Yes! Will I go on my own? I don't believe so. This is something you need to share or be helped with. It is part of the healing process, the acceptance that you are not alone and your child is remembered, that they are being judged as you loved them.

Many thanks to Cristeen for being my support on this very special night of nights. I wouldn't have been able to stay without you. **Catherine B.**

A Love That Kills: Heroin

I'm addicted to a drug

An addiction beyond my control

I've tried to cure my addiction

But I just can't let it go

The drug once said he loved me

His name . . . was heroin

I tried to quit him once before

And he's never been back again

In weakness there were a few times

Where I injected him deep inside me

I'd hoped he would have come back to his love

And together once more we'd be

Logically I know

He does not want to be with me

But when I'm high on his love

Logic I no longer see

So I tried to replace my addiction

By using other drugs

The other drug I'm hooked on now

Isn't the one I love

What about my other addiction

Do I quit him so

Is heroin my only love

Does my other drug love me so

I do not want to hurt him

Or make him think he's not what I need

But the truth of my addictions remains

I need my heroin, poppy seed

I am a heroin junky

An addict to the core

After my first heroin hit

I've always needed more

I am a user no doubt
I use to hide the pain
But the worst pain I ever felt
Was losing my heroin
Inject me with your love
Keep me safe and sane
Run yourself through my body
Take away my pain
Coming down away from him
Makes my mind combust
I'd give my heart and my soul
For one more needle thrust
I have lost all that matters
My virginity, sanity, and love
I want to overdose on him
Because I lost my heroin drug

Workers Face Zero Tolerance On Drugs

The Sydney Morning Herald (13/11/04)

NSW police are set to introduce one of the most sweeping drug and alcohol testing regimes in Australia, in a zero-tolerance approach expected to be copied in workplaces across the country.

The Police Commissioner, Ken Moroney, yesterday foreshadowed the tougher screening procedures, which will extend to the force's civilian employees, applicants for police cadetships and off-duty

officers.

Workplace experts expect the police crackdown will entice other employers to follow suit, raising concerns about the rigour of testing and the way in which results are used.

Mr Moroney said he had been 'disappointed and angered' by evidence before the Police Integrity Commission that some of his officers continued to be involved in illicit drug use, saying the behaviour undermined the reputation of honest police and could place the community at risk.

'The community is entitled to have trust and confidence in their police and that trust must extend to the knowledge that all police officers discharge their oath of office with sound judgement and without being affected by illegal drugs,' he said.

Mr Moroney outlined the new tactics in his closing address to the PIC's hearings into Operation Abelia, which heard evidence from a policewoman and two former policewomen who admitted to the regular use over many years of recreational drugs such as cocaine, ecstasy and speed. Several others admitted taking drugs.

The Commissioner said the present amnesty system, under which police could volunteer that they had used illicit drugs, had brought forward some officers but Operation Abelia had demonstrated that others were flouting the system.

Mr Moroney said he would fully support any recommendations the acting commissioner, Mervyn Finlay, QC, made to toughen the testing of police.

A drug testing specialist, Judith Perl, a forensic pharmacologist with NSW Police, said: 'No doubt, if the police service extends it to testing every single person that comes through, other people will try to justify doing that as well. Your employer is going to act as a policeman and is going to be testing you for your lifestyle before you join the workplace. I'm not so sure that a lot of people will feel comfortable about that.'

She was concerned other employers would take shortcuts in their testing by using cheap, off-the-shelf urine tests that gave unreliable results.

The NSW Police Association's director of research, Greg Chilvers, said policing was a stressful job, and officers could develop health problems, which could involve abuse of a particular medication.

Greg O'Donohue, senior industrial officer for the NSW Public Service Association, said it would 'fight all the way' bringing public servants into the testing.

The head of workplace relations with the law firm Clayton Utz, Joe Catanzariti, said it would cut a new benchmark that was 'very persuasive' to employers.

He said the policy would be 'easily manageable and upheld by tribunals' as long as it was applied

`fairly and evenly to everyone, from the commissioner, Ken Moroney, right down to the guy at the bottom'.

Companies that already conduct random drug and alcohol tests of their employees include RailCorp and WMC Resources, while Qantas is still in talks with unions about introducing random tests for its staff.

To The Test

NOW Random testing of police on duty and mandatory testing of officers after a `critical incident', including discharge of a firearm, high-speed chase or death in custody.

PROPOSED Pre-employment screening for cadets, testing all recruits at the Police Academy, testing for civilian staff and off-duty officers. Expanding definition of a critical incident.

Off The Dial At drugs.com

Dan Stapleton, *Sydney Morning Herald* (11/10/04)

As unofficial websites on recreational drugs increase, advocates argue the more information the better, but critics say they offer easy temptation and a forum for dealers, writes Dan Stapleton.

The net-savvy generation of recreational drug users can now get high and outsmart the police at the click of a mouse.

It is possible to chat online with users of almost every recreational drug. Net surfers can find out how to create illegal drugs from legal substances. They can socialise, find out what to do if a friend overdoses and read about the experiences of other drug users. Recreational pharmaceuticals, such as codeine, can be ordered from foreign countries and through networking in online communities, arrangements can be made to buy hard drugs in person.

Most nights, 16-year-old Katie* divides her time between homework and surfing the net. Last week she was thinking of trying the drug GHB for the first time, so she researched the liquid chemical (sometimes called Liquid E or Fantasy) at a drug information website.

She regularly checks out the latest pill reports at an online drug forum and arranges!via an online chat program! to buy marijuana from friends at school.

Katie finds the internet invaluable for drug information. `It's not as if I spend all my time talking about drugs,' she says. `But if I need information, I know where to find it.'

She is one of thousands of Australians who frequent unofficial drug websites for information, advice and camaraderie. The use of the internet by drug users worries some law enforcers and health authorities. While there are some benefits from 'user-to-user' websites, there are concerns about the quality of information they provide, says Paul Dillon, a spokesman for the National Drugs And Alcohol Research Centre at the University of NSW.

'I think it's important that people have forums to discuss anything, and drug use is included in that. There are very well-intentioned people involved in these websites, but sometimes they simply get the facts wrong. A lot of the advice that people take as medical fact is really just anecdotal. We don't know all of the facts about drugs yet.'

The websites are caught in the middle of the classic drug debate: harm minimisation versus zero tolerance. But with an unmoderated medium like the web there is little authorities can do to regulate the information flow. In 2002 a highly publicised website called Sniffer Dog Alert, which informed drug users on how to avoid sniffer dog hot spots via email or SMS, was shut down by the NSW police minister, Michael Costa, after hundreds of thousands signed up. Drug site advocates have responded with vigorous campaigns attempting to secure political support for user-to-user drug information on the internet. One of the reasons why unofficial drug sites are far more popular than official sites, such as the site for the federal Minister for Health, Tony Abbott, and the NSW Department of Health, is that official sites have no forum for drug users to exchange information and experiences.

The Australian Drug Foundation website (www.adf.org.au) has basic information on recreational drugs and offers academic resources relating to the drug debate. It does not offer the experiences of drug users. Abbott said this week that he did not know what any of the unofficial sites said. 'This interview is the first time I've heard of them,' he said. 'But any site encouraging drug use is encouraging its readers to dice with death. It's incredibly irresponsible of them.' Official concerns do not end with publicly accessible websites. 'There is more than just web pages to the internet,' the former head of the Australian High Tech Crime Centre, Alastair McGibbon, said at the Australasian Drug Strategy Conference in Alice Springs in May. Email, online chat programs, news groups, free internet phone services, and 'peer-to-peer' internet technologies 'may also be used to link buyers and those selling illicit drugs', McGibbon said. There is an astonishing range of information about drugs online!and not just their ingredients and effects. 'In much the same way that governments and businesses are now questioning the level and detail of information on their web pages which may be misused by terrorists, there is data online which can assist a person involved in illicit drugs: information ranging from drug 'recipes' through to the sailing dates and routes of ships which may be carrying illicit cargo to the ability to track parcels sent via couriers,' McGibbon said. 'Information regarding restricted precursor chemicals (and substitutes) is widely available, including locations where these chemicals can be purchased. Information as to the purchase of specialised laboratory equipment is also available.'

Ben* is a student at the University of Sydney. He is a frequent poster on a drug information site, and uses the web to keep track of new pills on the dance-party drug market. He is adamant these websites are beneficial to drug users. 'Of all the people I know who do drugs the most intelligent and rational ones are those who are involved in online drug communities,' he says. 'They know about harm minimisation and which pills to avoid.' Information is 'the key to all harm reduction', says John Davidson, who works for such a site. 'It's only when people have all the available facts that they can make mature decisions!and the emphasis there is on mature.' Davidson believes the proliferation of

unofficial online sources of drug information is a reaction to a lack of straight-talking information in mainstream media. `The rise of the internet came at the end of the '80s!the time of the Just Say No campaigns.

Ecstasy was being used by more and more people and the disconnection between the reality of their lives and the horror stories the media was trying to pass off as truth led many to seek their own answers.' Unofficial drug information websites arose out of this desire for non-biased information. `The old paradigm was of top-down broadcast media, where governments would make authoritative statements on 'the truth' about drugs and the public would have no alternative source of information.' Some websites and online forums go much further than supplying information about drugs. In March journalists from Melbourne's Sunday Age reported finding various recipes to make GHB within minutes of searching the web. Responding to the report, Cameron Duff, the director of research at the Australian Drug Foundation's Centre for Youth Drug Studies, said earlier this year that it would be easy to produce GHB with the help of instructions obtained online. `I've been told that anyone with basic undergraduate chemistry can manufacture it,' he said. While most forums make explicit requests not to post any information about obtaining illegal substances, it's easy to read between the lines.

Says Ben: `The first time I scored acid was through a member of an online forum. After a while, it's easy to spot the posters [or forum members] who deal as well.' Professor Enrico Coiera, a University of NSW academic who is researching ways of providing online information for doctors and patients, says the web has an important role to play in disseminating information about recreational and pharmaceutical drugs. `We know that people are seeking information from a variety of sources and that includes going to the web. The real question is: how do we inform consumers about where to look and how to assess what they find? `If you want to go on a holiday, you'll do your own research, then go to a travel agent to discuss your broad itinerary. The same should apply to drug use, be it pharmaceutical or recreational.

My view is that [illicit drugs] are exactly the things you should be talking to your GP about.' But Coiera's message is one of caution. His sentiment echoes the concerns that sections of the community have always had!that as drugs become more widely discussed and distributed, it will become easier for users to go too far. For parents, that perspective is made more pertinent by the swiftly dropping age of computer literacy: many primary school children can use their computers better than their mums and dads. `There is so much information online and it's very hard to know whether it's written by people with no bias, or people with a view to push,' says Coiera. `There's no way of telling if there's a conflict of interest.' Biased or not, Australia is faced with a new paradigm!when it comes to finding out about recreational drugs, the method of choice is surfing the web. As consumers dissect these ever-growing sources of information, they'll become more clued in as to what will get them high, and how to go about it. Whether that's a good thing remains to be seen.

* Not their real names.

Alcohol, Drugs Now Key Issues For Young People

Megan Doherty, *Canberra Times* (17/11/04)

Alcohol and drugs have replaced depression and suicide as the most important issues to young people in NSW and the ACT, according to a new survey. Bullying and emotional abuse and coping with stress were also rated higher, the number of young people listing those as issues of concern jumping by 14% in the last two years. Friendships and other relationships, being independent and feeling needed were what the young people surveyed valued most. Mission Australia's third annual survey of 8500 Australians aged 11 to 24 included 1952 participants from NSW and 27 from the ACT. It found involvement in sports, arts and culture and clubs and youth groups was also higher in NSW and ACT than nationally. The Internet and magazines were becoming more popular sources of advice and support for young Australians, the survey revealed. In the previous two surveys, depression/suicide has been the most important issue to young people in NSW and the ACT. Mission Australia national manager, research and social policy, Anne Hampshire said that in the 2004 survey depression and suicide were treated as distinct issues, on the advice of beyondblue, the national depression initiative.

The separate listing in 2004 has seen a mid-ranking for depression while suicide is still among the top four issues. Nationally, females ranked suicide/self-harm as the second issue of importance.

The report acknowledges that alcohol and other drugs are a continuing concern for young people, with 40% of those in NSW and the ACT listing it as an issue of importance.

'If these issues are to be addressed in a meaningful way, the voices of young people must be included both in the development of youth-orientated resources and educational strategies about substance abuse and risk management,' it said.

The survey also found that while stress and bullying were important issues, young people were not inclined to ask for help from a school counsellor, teacher or other appropriate professional. They were most likely to turn for advice and support to friends, parents, a relative or family friend and then the Internet or magazines.

'Most of us, if we need help, want to go to those people who are closest to us, so I think it makes sense,' Ms Hampshire said. 'Some young people will turn to school counsellors and teachers, so we certainly need them to be there, but overwhelmingly we need to strengthen those natural networks that young people have . . . The higher participation in sport, arts and culture and clubs could hinge on access.

'It's encouraging to see so many young people engaged in things like sport but also, increasingly with age, things like volunteering. So young people at age 20 to 24, one in four of them are actually volunteering,' she said.

Audit Uncovers Crime Gang Threat

Jeremy Roberts, *The Australian* (3/11/04)

Almost 100 organised crime gangs are operating in Australia and 10 of those pose a serious threat to society.

The first audit of organised crime, by the Australian Crime Commission, has uncovered a total of 97 organised crime groups in Australia.

ACC intelligence chief Kevin Kitson told an international policing conference yesterday the top 10 groups had been deemed 'high-threat' and posed a great financial and violent risk to the community.

'It's clear that the top 10 organised crime groups do achieve a significant financial return on their investments, they do impose threats of violence (and) they do engage in corruption and intimidation,' Mr Kitson told the International Policing Conference 2004 in Adelaide.

The most hazardous groups are believed to include amphetamine drug producers, outlaw bikie gangs, networks of firearms dealers, car 'rebirthing' groups and sexual exploitation outfits, plus identity theft and card-skimming groups that specialise in stealing the codes from magnetic strips on credit cards.

Mr Kitson said the internet and high technology was equipping organised crime groups with the ability to commit fraud at an unprecedented level, some estimates putting the figure in Australia as high as \$4 billion a year.

'At those figures it is rivalling the budgets of the Australian police forces tasked with apprehending the groups,' he said. And he warned that card-skimming groups would shortly adapt technology from overseas to pluck card information out of the air.

'They will move away from the relatively exposed forms of stealing the data to taking the data from the transmission line from the point of sale,' Mr Kitson said.

The ACC audit was completed in September and was a first for the national body, which formed last year to collect intelligence on nationally significant criminal activity. It answers to a board made up of representatives from all state and territory police forces, and the five federal police and intelligence agencies.

Mr Kitson said the audit exposed the ACC to groups it did not know much about. 'Perhaps the most interesting part is not the 10 high-threat groups but the 87 medium, low and undetermined groups,' he said.

'We know they have an international spread, we know they have links nationally, we know they have some interest in illegal activity, (but) we don't know what that is, and that presents a significant challenge for us.'

While some groups were commonly identified using ethnic tags, such as the 'Russian mafia', Mr Kitson said this was misleading. He said ethnic terms confused the public and did not reflect how such groups operated. The ACC instead followed the 'networks of relationships' between individuals and groups.

`It's about the networked relationships and, while the links may not be hidden, the money is undeclared,' he said.

Another risk for Australia, given its prized disease-free status and strong export trade, was environmental terrorism.

`Australia depends very greatly for its economic wealth on exports and it would not take very much to damage that wealth if you had disease deliberately introduced into this country,' Mr Kitson said.

Bad Behaviour Tackled

Adelaide Advertiser (21/10/04)

Binge drinking and alcohol-induced unruly behaviour in sporting clubs will be tackled by a program announced by the State Government yesterday.

Health Minister Lea Stevens said the Good Sports Program would help clubs create more family friendly venues by improving the management of alcohol in their venues to reduce binge drinking, drink-driving, violence and verbal abuse. Two ironic television commercials that highlight the problem of drinking cultures in some sporting clubs will promote the program.

They feature a coach giving an impassioned half-time speech encouraging his team to drink more and cause trouble at the club. Good Sports was developed by the Australian Drug Foundation and is being run in SA by the Drug and Alcohol Services Council. Ms Stevens said the program would be good for the financial health of sporting clubs as well as the physical health of its members. It works on a one-to-one basis with individual clubs to establish strategies that reduce these problems.

Clubs can register by calling 8274 3317 or visit www.goodsports.com.au

Risk Of Overdose Soars As Ecstasy

Chase A Longer High

Justin Norrie, Sydney Morning Herald (12/10/04)

One in four ecstasy users is taking antidepressants and other pharmaceuticals to heighten the effect of the drug, dramatically increasing the risk of overdosing, a study has found.

The National Drug and Alcohol Research Centre survey found 25% of 216 ecstasy users!mostly young, well-educated, inner-Sydney residents!were combining the drug with prescription pills for an extra `rush'. Mixers were mostly men and long-term users, who supplemented their ecstasy intake with Viagra, benzodiazepines and antidepressants, to boost the high and help soften the comedown. They reported side effects such as muscle rigidity, nausea, severe headaches and profuse sweating.

Drug experts said combining ecstasy with antidepressants could quickly lead to serotonin syndrome, a condition that causes the body to go into meltdown and is responsible for a handful of deaths in Australia each year.

Serotonin released by ecstasy is a chemical in the brain that stimulates happy feelings. Antidepressants prevent the re-uptake of serotonin into the body, prolonging the rush.

Associate Professor Gordian Fulde, director of emergency services at St Vincent's Hospital, described the results as 'a frightening example of how misinformed many young people are . . . If people think they'll get an extra kick out of benzos, they're wrong, because benzos have a calming effect.'

The National Drug and Alcohol Research Centre's spokesman, Paul Dillon, said the chances of overdosing were 'drastically increased' when ecstasy was used with antidepressants. 'I've seen one case and it was just about the most horrible thing I've ever seen! a young man who was so hot you couldn't physically touch him,' Mr Dillon said. 'The body can't cope with the huge serotonin rush and it melts.'

The study found most drug mixers were given pharmaceuticals by their friends, and men in their 20s were procuring Viagra prescriptions easily from their doctors.

'We thought they'd be getting [Viagra] from the internet, but we found that a lot of young men in their 20s were getting it prescribed, no questions asked,' Mr Dillon said. 'The study has raised a number of concerns for primary health care practitioners and pharmacists about how easily these products are distributed. People can get antidepressants anywhere.'

A 2001 National Drug Strategy household survey found that ecstasy was the third most popular illicit substance, after cannabis and amphetamines. Of all people aged over 14 years, 6% had used ecstasy.

Drugs Body Seeks More Forensic Muscle

Christopher Jay, *Australian Financial Review* (29/10/04)

As part of a push to step up drug law enforcement in Australia, the Council of Australian Governments (Coag) is seeking better co-ordination of forensic capacity to analyse illicit drugs and components used in their manufacture. The police and health ministers of the six states and two territories, together with the relevant federal ministers, form the Coag Ministerial Council on Drugs Strategy. The next of its six-monthly meetings is in Brisbane on November 12. On behalf of the council, the Attorney-General's Department is seeking consultants, preferably with a forensics background and a good understanding of government organisational structures, to assess Australia's forensic capacity for dealing with illicit drugs and their precursor chemicals. The closing date for quotations is November 12, according to this week's Hot Tenders from Melbourne tender notification and management specialist, Tendersearch. The project will identify the strengths and limitations, extra facilities needed, strategies for improving overall forensic capacity and ways of improving information sharing among Australian jurisdictions and

with enforcement agencies overseas.

The project stems from a meeting of the Ministerial Council on Drug Strategy on August 1, 2003. Specific topics include early warning of new drugs and trend information on variations such as purity levels, additives or changes in composition. The tender comes as the federal government prepares to introduce a new Serious Drug Offences Bill when parliament resumes in November to target several major areas of commercial participation in the illicit drug trade. ng 15 years' jail for supplying any quantity of controlled drug to a child,' the Federal Minister for Justice and Customs, Chris Ellison said. `Under this legislation, those who involve children in trafficking a commercial quantity of illicit drugs will be punished with a maximum penalty of life imprisonment, and people who expose children to drug or precursor manufacture will get a maximum penalty of nine years' jail.'

Addressing the eighth National Chemical Diversion Congress in Melbourne, Senator Ellison said a Law and Justice Legislation Amendment (Serious Drug Offences and Other Measures) Bill 2004 would amend the Criminal Code to cover trafficking, import and export, manufacturing (including cultivation) and possession involving controlled drugs, controlled precursors and controlled plants. Drug offences will be graded according to quantities of controlled drug, precursor or plant involved. Large commercial quantities would attract up to life, commercial quantities up to 20 years' jail and `no minimum amount' offences up to 10 years. The definition of trafficking in controlled drugs would be extended to include the preparation of a drug for supply, transport of drugs or guarding or concealing a drug, and intending to sell it or helping another person sell it. A broader definition of manufacture of drugs would include controlling, directing and financing drug manufacture. Pre-trafficking in precursors would cover offences at a stage preparatory to actual trafficking of a controlled drug. `These new offences demonstrate that the Australian government continues to take an unrelenting approach in the war on illicit drugs,' Senator Ellison said.

He Wasn't A Druggie He Was My Son

Your battle was fought

The needle has won

And now I've lost my beautiful son

It hurts so much to think of your pain

That Filthy speed sent you insane

God knows what distorted thoughts ran thru your head

The dealers accountable now you are dead

Society judges your beautiful souls

Don't they know you were human

It's time they were told

Their all too assuming

Their opinions so cold

It's time for big changes

It's time they all knew

Your precious babies

Our brothers, sisters and friends

You are REAL people

Loved and adored far beyond the end . . .

Why Accept Drugs At All?

Sally Morrell, *Herald Sun* (15/11/04)

It's scary when the country's peak drug advisory bodies look like they've thrown in the towel in the fight against drugs.

First we had Australia's leading drug agency!the partly government funded Australian Drug Foundation! calling for a trial to test ecstasy tablets for party goers.

The Royal Adelaide Hospital doctors behind the push said we had to accept that one in four young people tried ecstasy.

Had to? Really?

Like I `have to' accept that some people steal or rape?

And then last week Professor Margaret Hamilton, of the Premier's Drug Prevention Council, backed

the call.

'We have to accept young people will take drugs,' she said. 'It is our moral responsibility to make sure they do themselves the least harm.'

Talk about lying down for the count.

I'm not naive. I know kids take drugs, especially at rave parties. But I also know that taking ecstasy is an incredibly risky thing to do.

Red Mitsubishi ecstasy tablets alone have caused two deaths and dozens of overdoses in the past month.

And that's why I think we shouldn't have to accept that young people will take drugs at all.

I think we should be fighting it every step of the way. Even if it does sometimes seem a losing battle.

The original plan was that the 20,000 ravers at the Earthcore event would have been able to line up and have their illegal ecstasy pill tested by doctors free from police persecution.

Fortunately, Premier Steve Bracks rejected the request and the Federal Government was also quick to move against it.

But clearly there has been a major shift in policy among our drug advisory panels and I bet it's only a matter of time before they try something similar.

'It is likely to save lives,' said ADF youth drug studies director Cameron Duff.

That may be true! about ravers at that particular event on that particular night. They'll get to find out whether the main ingredient of their pill is MDMA (pure ecstasy) or more dangerous replacements such as PMA or ketamine.

But the big downside of the plan is the message it's sending out. We're supposed to be tough on drugs but here we are telling kids that the only real problem with ecstasy is that you might get a dud batch. Once that's ruled out, you can go for your life.

Oh, I'm sure the drug testers would have made sure there were lots of pamphlets and websites warning of the dangers of drugs.

But one picture of a testing session, with the police standing well back, would have said enough to the kids yet to be offered a tablet.

Ecstasy is illegal. It's as simple as that. A council that purports to prevent drug taking shouldn't even be

considering condoning the use of such drugs.

Every time people bring up 'harm minimisation' as an argument for changing the goal posts, it always seems way too much like they have given up.

To me, 'harm minimisation' is putting shock ads on TV, getting counsellors out into the schools talking about real and tragic case studies and even more paramedics on hand at raves for when things go bad.

But this sort of 'harm minimisation' is admitting defeat.

It all sounds eerily like the decision by social workers a couple of years ago to let children under their care chrome.

'We can't stop them, so let's at least make sure they're safe doing it', went the argument.

And so they were allowed to abuse their bodies while the adults who were supposed to be caring for them looked on. It was only when it became public that the practice stopped. Then there was that time when the State Government flirted with the idea of 'tolerance zones' for prostitution.

The girls on the streets are the ones too drug addled, too young or too mentally unstable to work in legal brothels that at least have to pay attention to their worker's health and safety.

And yet in the name of 'harm minimisation' we had the State Government actually thinking of helping these sad young women sell their bodies to whoever wants to buy them. Thank goodness that too was stopped in time.

If the Drug Prevention Council really wants to head down this path, then it should call itself the Safe Illegal Drug Council and we should get a new Drug Prevention Council that actually wants to do some preventing.

And if drug takers think testing the ecstasy will save their lives, let them spend their own cash on doing so. If they don't think it's worth their money to do so, it sure isn't worth mine either.

Editor's Note: As long as 'journalists' continue to push such uninformed, negative and biased commentary as this, we will continue to battle to have harm minimisation concepts understood!

Tony

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*.

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News From Overseas

Scotland

Heroin Kits On Demand For Scots Prisoners

Scottish jails will give heroin injection kits to prisoners under a hugely controversial plan to combat the spread of deadly diseases, it emerged last night.

Hundreds of inmates will be handed clean syringes and swabs on a 'no questions asked' basis as a result of the scheme, which was condemned last night as the ultimate surrender in the war on drugs.

Prison health managers openly admit the drugs problem is so rife they have no alternative but to help inmates take highly addictive Class A drugs safely, even if that means turning a blind eye to rampant law breaking within jail.

The admission last night prompted widespread anger and disbelief from politicians and health professionals.

The scale of the drugs problem in Scotland's crumbling prison system is enormous. It is estimated that 80% of convicted criminals entering prison are on drugs, 40% of whom use heroin. One in 10 Scottish prisoners receives methadone.

Dr Andrew Fraser, head of healthcare for the Scottish Prison Service (SPS), fears an epidemic of Hepatitis C, and other dangerous diseases, will sweep through jails and beyond unless urgent safety measures are taken.

Fraser told Scotland on Sunday: 'We will look at some of the leading edge things like needle exchanges. Prisoners are not meant to have drugs, to be buying, selling or sharing them. But we are very worried about Hepatitis C and we know people are catching Hepatitis C in prison.'

'We have yet to work out all the practicalities. We are meeting with experts from other countries [this] week to look at how they get around the issue of handing syringes out, and also what to put in the kits.'

'But we have got to acknowledge that drugs come into prisons. The clean needles would be given out by health workers, and other prison staff would have to respect that they have a job to do.'

'They are not breaking the law by giving prisoners syringes. Just because a prisoner has one of these packages it does not mean they are also in possession of drugs.'

The kits might contain all the paraphernalia used in the process of injecting drugs, including a syringe, swabs, filters, foil or even spoons, and a sharps disposal box.

The move, which is at the discretion of the SPS and does not need to be approved by ministers, would not require a change in the law. However, it would require a change in prison rules.

Possession of drugs is a criminal offence and there would have to be an agreement in each prison that health workers had a job to do and other jail staff would not interfere.

Fraser said other steps being considered under the ,10m health plan included prescribing heroin to prisoners as well as increasing the amount of methadone handed out.

Scottish Conservative justice spokeswoman Annabel Goldie reacted with shock to the policy, saying: 'The public will find it a ludicrous situation that those sent to jail for committing crimes and taking drugs are helped to take more drugs when they get there.'

Maxie Richards, a drugs expert who runs an abstinence based rehabilitation program in Glasgow, said: 'Prisons should be drug free, and that means closed visits if need be. But prison staff are so lackadaisical because drugs keep prisoners quiet.'

She added: 'The Scottish Executive's harm reduction strategy has been a complete disaster. We are living with the mess caused by harm reduction. If it had worked we would not have had this explosion in drug deaths and drug crime. It speaks for itself. It is quite disgraceful that we have allowed it to get to this point.'

Professor Neil McKeganey, of the Centre for Drug Misuse at the University of Glasgow, said last night: 'Drugs are in danger of overwhelming our prison system and it is in no way geared up to anticipate that.'

'The prison system is in danger of becoming a holding bay for our addict population and that is not what it was originally intended to be.'

'I think the needle exchange would be a worry because of the potential the needles could be used as weapons. It would have to be incredibly tightly controlled.'

Derek Turner, spokesman for the Scottish Prison Officers Association said he was concerned about the plan.

`These needles could be used as weapons against members of staff and that is a concern, so anything like this would have to be very carefully controlled. We would want to know in advance what precautions were in place.

`However, we recognise that we have to protect public health because if prisoners become infected with hepatitis or HIV that can be taken out of the prison into the wider public.'

But Alistair Ramsay, director of Scotland Against Drugs, said prisons had to do something to deal with the problem.

`Obviously no one wants [drugs] to be there and it is really quite amazing to the public that it happens at all. But it is happening, and consequently the authorities have got to find some way of dealing with it.'

SNP justice spokesman Kenny MacAskill said: `We have to live in the real world and address this problem. If we need to use schemes such as this, so be it.'

The move would be the first of its kind in the UK. A spokesman for the Scottish Executive said last night: `It's not for us to get involved in what is an operational matter for the SPS.'

A BBC Scotland documentary last week illustrated the extent of drug taking behind bars. Filmed in HMP Edinburgh, it showed CCTV footage of visitors smuggling in drugs.

Kate Foster, *UK IDU Report 2004*

England

Call To Address `Epidemic' Among London Drug Users

Epidemic levels of hepatitis C among London's injecting drug users are a result of the government's `sidelining' of harm reduction drug policy, according to a study released today.

A team from Imperial College London, the Health Protection Agency and the London School of Hygiene and Tropical Medicine said today that the government has sidelined policies designed to prevent the transmission of HIV and hepatitis, which can cause fatal liver damage. Instead, the focus has been on addressing the links between drugs and crime and on providing drugs treatment for offenders referred by the courts.

Dr Matthew Hickman of Imperial College London said: `For the past six or seven years, government drug policy has focused on drugs and crime and has been successful in expanding specialist drug treatment, especially through referral from criminal justice. However, there is a need now to

reinvigorate harm reduction policies that prevent transmission of hepatitis C and HIV.'

Writing in the *British Medical Journal*, the team said that four in 10 new drug users in London now have hepatitis C, and that the number of drug users who inject and also have HIV is also worryingly high. According to the research, one in four intravenous drug users contacted said that in the past four weeks they had used needles and syringes that had already been used by someone else.

Both the hepatitis C and HIV viruses are blood borne and can be passed by sharing needles and syringes. The C strain of the hepatitis virus is potentially the most damaging of all variants. It can be fatal, though effective new anti-viral drugs can cure between 50 to 80% of sufferers who have a chronic form of the disease.

A spokeswoman for the Department of Health said the government had launched an action plan in June calling for a review of harm reduction services to prevent the transmission of hepatitis C. Such services include the provision of new needles and the disposal of used ones. Kate Demopoulos, 12/11/04

Shooting Up! Infections Among Injecting Drug Users in the UK. An Update: October 2004

Key points from the report

1. Overall more than two in five injecting drug users (IDUs) have been infected with hepatitis C, and the incidence among recent initiates in both Glasgow and London has been estimated to be high. In England and Wales hepatitis C transmission among IDUs may have increased recently, with one in six of those who had started to inject since the beginning of 2001 having become infected.
2. There had been around 60,000 reported laboratory diagnoses of hepatitis C in the United Kingdom (UK) by the end of 2003. The majority of these reports are associated with injecting drug use. Although uptake of testing for hepatitis C among IDUs has increased in recent years it is estimated that around half of IDUs with hepatitis C still remain unaware of their infection.
3. In recent years there has been a growing problem with injecting site infections associated with methicillin resistant *Staphylococcus aureus* and severe group A streptococcal infection among IDUs.
4. The recent outbreak of tetanus and the continuing occurrence of other clostridia infections among IDUs, such as wound botulism, indicate that environmental contamination of heroin, with the spores from these bacteria, remains a problem.
5. Transmission of both hepatitis A and B continues among IDUs even though there are effective vaccines. Although the proportion of IDUs vaccinated against hepatitis B has increased in recent

years many still remain unvaccinated. In Scotland the rise vaccine uptake has followed the implementation of universal vaccination to all prisoners in Scotland.

6. Overall HIV infection remains rare among IDUs in the UK, however there is evidence of ongoing and possibly increased transmission. The prevalence of HIV among IDUs has remained substantially higher in London than the rest of the country.

7. Needle and syringe sharing increased in the late 1990s, and since then has been stable with around one in three IDUs reporting this activity in the last month. The sharing of other injecting equipment is more common, whilst few IDUs wash their hands or swab injecting sites prior to injecting.

We Could Have Saved Danielle

Experts Call For Warning System

Clare Masters & Ben Johnson, *Sunday Telegraph* (10/10/04)

The parents of a Sydney teenager who died of a drug overdose have supported calls for a nationwide early warning system on illicit narcotics. Leading health authorities have urged the warning system after the death of 19-year-old Danielle Chalon. 'I'm sure my daughter would be happy if something good comes out of it,' her mother Elliette Chalon said yesterday.

The Seven Hills teenager died last weekend after taking a lethal ecstasy tablet. Her death followed the near-fatal overdose of a man in St Vincent's Hospital, Darlinghurst, a fortnight ago. Key health officials say Ms Chalon's death could have been avoided if an early warning system had been in place. 'An early warning network should be coordinated by health departments and warnings should go out to all hospitals,'

National Drug and Alcohol Research Centre spokesman Paul Dillion said. Ms Chalon died at Nepean Hospital two days after she took the drug. Police initially believed she had taken toxic red Mitsubishi ecstasy tablets, believed to have caused the near-fatal overdose of a man at St Vincent's Hospital. 'If there had been a warning sent to hospitals last week, they would have been more watchful,' Mr Dillion said. 'We need a system that links all the hospitals. If that young girl had gone to St Vincent's she'd still be alive, but the western suburbs don't see a lot of these things.' St Vincent's Hospital emergency services director Dr Gordian Fulde said the system would be easy to set up across Australia. 'I think it's a good idea, very easy to do and it would save lives,' he said. 'It is really tough for hospitals with no experience.'

'Opposition health spokesman Barry O'Farrell supported the move, expressing surprise the system was not already in place. The NSW Government said yesterday a more comprehensive warning system would be implemented in hospital emergency departments. 'We will take every opportunity available to

further improve the information provided to emergency department staff, through knowledge-sharing with other agencies,' Health Minister Morris Lemma said.

Under The Limit

Paula Goodyer, *Sydney Morning Herald* (26/10/04)

In the lead-up to post-HSC partying, alcohol is on many parents' minds. But if the evidence linking early alcohol use with future drinking problems is correct, the growing number of parents buying their under-18s a few beers or alcoholic sodas to take to a party are sending the wrong message.

'Some parents use it as a form of harm minimisation. They feel it's a safer option to illegal drugs and that it's giving them some control over how much their children drink,' says Amanda Watkins of the Manly Drug Education and Counselling Centre.

The belief that alcohol is safer than illicit drugs, however, is not borne out by statistics, which show that twice as many deaths are attributable to alcohol than illicit drugs.

Buying alcohol for under 18s is illegal. It also encourages alcohol use and there is no guarantee teenagers will stop at two or three drinks.

Watkins adds, recalling a 16-year-old whose parents bought her alcohol to take to an 18th birthday party, not knowing the host parents had provided \$1000 worth of alcohol for the night. She had 23 drinks in five hours.

'The evidence is that the longer you can delay the point where young people see alcohol as entertainment, the less likely they are to have problems,' says Geoff Munro, of the Alcoholic and Drug Foundation in Melbourne.

'That doesn't mean they can't have a small glass of wine at home with a family meal!that's supervised, it's a controlled amount, and not the same as drinking to get drunk. But there's a growth in parents providing alcohol for kids as young as 15 at parties. I think that sends the message that there's not much else to do except drink!but what's wrong with dancing or playing pool?'

But other than not shouting the kids a round of drinks on a Saturday night, or unplugging the TV to obliterate images that increasingly normalise alcohol use both in programs and ads, can parents do anything effective to encourage children to drink responsibly?

Giving them factual information about alcohol is a start, Watkins says, pointing out that many teenagers get trashed simply out of ignorance!like the 14-year-old who thought each trip to the toilet flushed out her last drink, so she could have another.

'Explaining what a standard drink is and that it can take the body an hour to process one drink, for

instance, can make a difference,' she says.

`A standard drink is less than many people realise. Most teenagers don't realise that a can of alcoholic soda can contain more than one standard drink !some contain 1.5 standard drinks,' says Kylie Fitzgerald from the University of Sydney's Health Education Unit, which develops drug and alcohol education programs for parents.

`They also need to know the risks of drinking games that involve knocking back a few drinks in quick succession.

`Explain that although they might not feel much as the drinks go down, suddenly they'll be having head spins !and there's no going back. Tell them that nothing except time!not coffee nor showers!will get the alcohol out of their system.'

As for drinking to get drunk, that's a hard issue to tackle, Watkins admits. `The best approach is to let teenagers know that this has the potential for high risk, whereas drinking in moderation means they can celebrate safely without suffering the consequences.'

One of the most important influences is the drinking behaviour of the parents themselves and the quality of the relationship with their children, Watkins and Fitzgerald say.

Spending time with teenagers, talking with them (not at them), and making sure they know you love them, fosters the sort of good communication that makes it easier to negotiate rules about safety, including how they get home after a night out.

`When my 16-year-old goes out at weekends, I know it's no good telling her not to drink,' Ellen*, a Sydney social worker admits. `I'll ask her how much she's planning to drink. If she says she'll have four drinks, I'll talk about how to space them out.

`More importantly, I'll find out how she's planning to get home. We negotiate that if she sticks to the four drinks limit, I'll help her out with the cab fare. She hasn't come home smashed yet.'

Another buffer against risky drinking comes from young people themselves !the small but growing army of 15- to 16-year-old peer educators trained to teach other teenagers sense with alcohol and other drugs through programs such as the Manly centre's Drug Safety Project.

`We recruit street savvy kids from schools, TAFE colleges and local youth services who might have more credibility among their peers than straight A students,' Watkins says. `It's kids educating other kids and there's evidence that it works.'

* Not her real name

Drug Body Backs Test On Ecstasy

Patrick O'Neil, *Herald Sun* (9/11/04)

A trial to test ecstasy was recommended to the State Government by its peak drug advisory body in July, a member has revealed.

Professor Margaret Hamilton, of the Premier's Drug Prevention Council, backed recent efforts to get a legal amnesty for a drug testing trial.

'We have to accept young people will take drugs,' she said.

'It is our moral responsibility to make sure they do themselves the least harm.'

Royal Adelaide hospital research fellow Dr David Caldicott last week told the Herald Sun he had applied to Victoria Police to conduct a trial at dance party Earthcore this month.

Dr Caldicott was backed by the Australian Drug Foundation.

Ecstasy users would be able to test their pills to see if the main ingredient was MDMA!pure ecstasy!or other more dangerous substitutes.

Professor Hamilton suggested a more careful trial using government drug testing labs, but praised attempts to get the process started.

'I think testing is sensible so I am for it and I support any efforts to get it happening,' she said.

But Howard Government chief drug adviser Major Brian Watters condemned any test as encouraging drug use.

'It is wink, wink, nod nod and you can use it,' he said.

'That is not the message we want to be giving out. Ecstasy is a dangerous substance and some young people will be highly vulnerable to its effects,' said Major Watters, chairman of the Australian National Council on Drugs.

But Dr Caldicott said there was no evidence drug use would increase because of the tests.

'Watters is not a doctor or a scientist,' he said. 'I think we should be basing our opinions on fact and research, not a gut instinct.'

Dr Caldicott said his South Australian trial showed 80% of ecstasy users would do something other than take their pill if it tested positive for potentially deadly ingredients.

'My presence or absence at a rave is not going to affect whether someone turns up at a rave with a pill,' he said. 'I am there to make them think twice about what they are doing,' he said.

Victoria Police drug and alcohol unit manager Inspector Steve James said unless the State Government changed the law police would arrest doctors handling ecstasy tablets.

Causes Of Heroin Shortage Revealed

PRESS RELEASE

National Drug and Alcohol Research Centre (7/9/04)

Contrary to many widely offered explanations of the Australian heroin 'shortage', high level, internationally focused law enforcement operations probably played a significant role in reducing heroin supply to this country in 2001, according to research released today in Brisbane.

These are the findings from the Causes, Course and Consequences of the Heroin Shortage in Australia Project, research coordinated by the National Drug and Alcohol Research Centre (NDARC) at the University of New South Wales and funded by the National Drug Law Enforcement Research Fund (NDLERF).

During the late 1990s, an increase in the availability and purity of heroin caused great concern for law enforcement and health authorities across Australia. However in early 2001 heroin supply decreased across the country. This became widely known as the 'heroin drought'.

Dr Louisa Degenhardt, Chief Investigator of the project and Senior Lecturer at NDARC said that some of the findings will prove surprising to some. 'One of the most important implications of the heroin shortage is that it appears that it is possible under some circumstances for law enforcement to accomplish a substantial reduction in the availability of imported drugs like heroin. It is most likely the result of actions aimed at the very high levels of drug trafficking. This suggests the importance of maintaining programs at that high level and of developing a better understanding of how such interventions affect supply.'

The heroin market in Australia was well established by the late 1990s, but it had a low profit margin, with high street level heroin purity, lower than ever before cost, and a large number of seizures that had increased risk to importers.

The increased funding of the Australian Federal Police and the Australian Customs Service as part of the National Illicit Drug Strategy probably made the risks of importation greater. The combination of low profits and increased success of law enforcement probably led to the reduced dependability of key

suppliers of heroin to Australia. This occurred against a backdrop of gradually declining production in South East Asia.

These factors may have reduced the attractiveness of Australia as a destination for heroin trafficking. The consequences of the shortage were also examined in the project. Heroin supply reduction appeared to have mixed health effects upon different groups of heroin users.

Younger (less entrenched) heroin users appeared to be particularly affected by the reduction in heroin supply, with many indicators suggesting that they might have ceased (or substantially reduced) heroin use, and switched to psycho-stimulants. However, older, more entrenched users had smaller reductions in harms related to heroin use.

'This group appeared to shift to other risky forms of drug use, which particularly included the injection of pharmaceuticals such as benzo-diazepines,' reported Dr Degenhardt.

'However because harm reduction initiatives were in place, the harms associated with these risky forms of drug use may have been reduced. If the shortage had occurred in countries where harm reduction and treatment services were not in place, it is highly likely that these risk behaviours would have resulted in significant increases in drug related harm.'

'This research shows quite clearly that Australia's harm minimisation policy is one that should be maintained and supported.'

Letter To The Editor

B. McConnell, Families & Friends For Drug Law Reform (11/11/04)

The following letter was published in *The Canberra Times* on 11 November 2004.

Michael Robinson (letters CT 5/11/04) claims that people who attended the Annual Remembrance Ceremony were there to search for answers. They were not. They attend to honour and remember the lives of loved ones who needlessly died.

But to suggest that even stronger stigmatisation of people who use illicit drugs will somehow contribute to solving the problem, defies all reason. The USA does this and has thrown in jail some 2.5 million, mostly for drug related matters. They have not solved the problem. The UN in 2000 claimed the world would be drug free in 2008. We are now half way there and more, not less, drugs are available.

Unfortunately that stigmatisation approach has been in operation in Australia for well over 50 years. Why, even the Howard Government in a moment of temporary 'Tough on Drugs' madness, promoted the expulsion of school children for having drugs.

Introducing drug policies based on evidence of their effectiveness would not be a white flag of

surrender. It would be a rare moment of sanity. And perhaps compassion for those families who will inevitably lose loved ones if drug policies are not changed

Prisons: The Next Frontier

MEDIA RELEASE

Australian National Council on Drugs (16/11/04)

In releasing the report, *Supply, demand and harm reduction strategies in Australian prisons: Implementation, cost and evaluation*, Australian National Council on Drugs (ANCD) has identified prisons as needing a far greater level of attention if Australia is to maintain and further reduce levels of drug use, HIV and hepatitis C.

The Chairman of the ANCD, Major Brian Watters, said:

The Council is very aware that we are making inroads into the levels of both drug use and blood borne viruses such as HIV and hepatitis C in the community; and whilst we recognise that prisons have contributed in some part to this national effort there is clearly room for a greater commitment.

The majority of prisoners serve sentences of less than 1 year before returning to the community which means there is an obligation on the prisons in this country to ensure that the potential for the spread of infections to the community is reduced and that our efforts to reduce the uptake, use and harms from drug use are not undermined.

Some of the findings in the report include:

- C The number of prisoners in Australia has increased from over 15,000 in 1992 to more than 22,000 in 2002 (an increase of over 44%)
- C On average it costs between \$50,000 and \$73,000 per year for each prisoner the ANCD notes that a bed in a residential rehabilitation costs less than \$27,000 per year on average
- C A history of drug use is far more common amongst prisoners than in the general population
- C A high level of criminal activity is associated with prisoners with a history of drug use
- C The level of hepatitis C in prisons is estimated to be up to 17 times greater than in the general community
- C There is a diverse range of programs currently in place across all Australian prisons but very

few evaluations on effectiveness and cost benefits have been undertaken

C Access to information on program outcomes and costs is generally limited and poor in quality

Prof Margaret Hamilton (an Executive member of the ANCD) added:

Prisons will always remain a less than ideal place to have effective therapeutic interventions for drug use. Indeed reports like this add further weight to the importance of the National Illicit Drug Diversion Initiative which attempts to divert drug users from the criminal justice system, particularly prisons, into community based treatment options.

Mr Gino Vumbaca, the ANCD Executive Officer added:

The prison authorities in all states and territories need to reflect on both the findings and recommendations of this report. There are some tough decisions, such as the introduction of needle exchange programs that need to be made, and we cannot afford to wait until an outbreak of HIV infection actually happens before we act.

A list of the recommendations from the report follows. The report was prepared by the National Drug & Alcohol Research Centre (NDARC) on behalf of the ANCD.

Recommendations

Prisons are an important part of policy responses to illicit drug use because:

- C Many injecting drug users spend considerable periods behind bars
- C High prevalence of injecting drug use during incarceration has been reported
- C High proportions of prison inmates report injecting drug use in the community once released
- C Prisons are expensive institutions to establish and operate
- C There is limited evidence of the effectiveness of prisons in either rehabilitation of illicit drug use and decreasing drug use in prison or subsequent recidivism.

This study found a diverse array of supply, demand and harm reduction strategies in prison settings in Australia. However, the level of documentation of all three strategies is poor, particularly in regard to supply reduction, and should be improved. Indeed, a great deal of basic research and evaluation is required before cost effectiveness and cost benefits can be calculated.

Drug use within Australian prisons poses a considerable health risk to prisoners and the broader community, as well as an obstacle to the correctional efforts of prison authorities. It is therefore

appropriate that this issue is addressed by the most effective strategies available, and that the implementation of any strategy occurs in an accountable manner.

The following recommendations are based on the recognition of the importance of establishing strategies and programs in prisons that are as near as possible close to the standards and levels achieved in the community.

General Recommendations

As few strategies have been evaluated, there is limited information about the benefits, costs and unintended consequences of these strategies.

Therefore, rigorous and comprehensive evaluation of supply, demand and harm reduction strategies is required.

1. Recognising the importance of all three strategies, and the imperative to optimise the relative allocation of scarce resources for supply, demand and harm reduction programs, regular and independent estimation should be made into the effectiveness, unintended consequences and cost-effectiveness of these programs. Successful programs should be implemented on the basis of these estimations. This information should be made available to key stakeholders.
2. Prison supply, demand and harm reduction strategies and data on their costs and benefits should be independently and regularly evaluated in line with the National Drug Strategy.
3. The population of IDU who enter and leave prisons repeatedly is disproportionately responsible for crime and other costs in the community. The nature and extent of this distribution of risks and harms in this sub population requires more accurate estimation

Supply Reduction Programs

It could be argued that supply reduction is effective in the correctional environment because levels of drug use (as documented in urinalysis and numbers of drug seizures) remain relatively low. However, other evidence, such as self reported drug use and demand for methadone and other treatments within prison, suggests that drug use are much higher than those detected. Prisoners are still using drugs, albeit less frequently than in the community.

4. Given the substantial investment into supply reduction programs, in addition to the relatively poor documentation, it is imperative that improving the documentation and evaluation of SR strategies takes the highest priority. Methods of measuring drug use other than urinalysis require further investigation and, if more cost effective, should be implemented.
5. The benefits and possible unintended negative consequences of differential sanctions for different drugs detected in prison inmates should be independently evaluated. Greater use of incentives for drug free status should be implemented.

Demand Reduction Programs

Demand reduction strategies were in evidence across jurisdictions, but were poorly documented and were often of restricted availability. Programs should reflect services available in the community as far as is practicable.

6. Given the high proportion of drug injectors and the limited number of places available in most jurisdictions, jurisdictions should regularly estimate and meet demand for all forms of drug treatment, particularly methadone and buprenorphine treatment.
7. Considering the increasing trend for the implementation of drug free units, independent evaluation of these programs is required to determine their effectiveness in addressing problems associated with drug use.
8. Given the evidence of harms from interrupted drug treatment, it is imperative that continuity of treatment be ensured before, during and after incarceration.

Harm Reduction Programs

High levels of reported drug use and blood borne viral infection among prisoners have been documented. It is imperative that the harms associated with continuing use, whether in prison or upon release into the community, be reduced where possible.

9. Efforts must be made to ensure prisoners have access to information regarding illicit drug use and related harms. Education programs, including peer based education, on illicit drug use and related harms should be rigorously and independently evaluated. If effective, should be introduced in all prisons.
10. Based on the high levels of drug use and blood borne viral infection among prisoners, all suitable prisoners should be provided with free hepatitis B vaccination.
11. As in the community, all testing for HIV and other blood borne viral infections should be available and voluntary in all jurisdictions.
12. Given the evidence that some individuals continue to inject drugs during incarceration, bleach should be readily available and accessible in all prisons without repercussion.
13. In response to reports of injecting drug use still occurring during incarceration despite the best efforts of prison authorities, the introduction and rigorous evaluation of a trial needle and syringe exchange program in an Australian prison is warranted.
14. Documentation of the use, benefits and any unintended consequences of naloxone availability and use in prison is poor and should be improved in all jurisdictions. Data on fatal and

non fatal drug overdoses within prison should be documented.

15. Condoms and dental dams should be readily available and accessible in all prisons without repercussion.

Pre and Post release Programs

It has been well documented that the first few weeks post release are a particularly high risk period for injecting drug users.

16. Given the well known increased risk of overdose post release from prison, continuity of care should be improved for at risk prisoners. This should be achieved through the implementation of post release treatment plans including increased collaboration between prison authorities and the relevant community service providers.

Related Recommendations

Western Australia has taken the remarkable step of replacing prison sentences of six months or less with non custodial sentences. This will reduce the size of the prison population and the number of prisoner movements into, out of and around the system, thereby enabling increased emphasis on correction and rehabilitation. Many prisoners spend only days or weeks incarcerated and the system incurs a substantial cost processing them.

Another effect is likely to be a reduction in the number of drug using inmates who typically spend very short, but repeated periods in prison. The NSW prison system is currently considering a similar approach.

17. The high financial and social costs of incarceration should be recognised, with continuing consideration of alternative, more effective ways of reducing the size of the prison population in all jurisdictions, including the use of non custodial sentences. In addition, the replacement of sentences of less than six months' duration should be evaluated and, if found successful, should be implemented in other jurisdictions.

Male-to-male unprotected anal sex is the main route of HIV transmission in the Australian community. Male to male sex occurs in Australian prisons. Conjugal visits may also provide an incentive for prisoners to improve their behaviour in prison.

18. There is limited data on the potential benefits of conjugal visits and a trial is warranted in Australian prison.

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.

Bust Cracks Ice Syndicate

Monica Nye, *Inner-West Weekly* (28/10/04)

What Is Ice?

Ice is!crystalline methamphetamine

Nicknames include!shabu, euphoria, ice cream, batu, glass, crystal, quartz and crystal meth

Potent!80% pure amphetamine

Street level!amphetamine purity starts at 3%

Made in!China and the Philippines

(Australian Federal Police data)

ne of the nation's biggest busts yielded drugs worth \$100 million last week when Customs and Australian Federal Police (AFP) raided a Homebush warehouse.

The joint operation took place last Thursday, October 22, and exposed the Australian arm of a major international narcotics smuggling syndicate.

Around 125 kgs of the potent amphetamine ice (speed) was found concealed in a shipping container from China. Two men were later arrested at Homebush and another at a Chinatown hotel in Haymarket.

NSW Customs regional director David Collins said the 10-day covert operation began on October 11 when intelligence analysts targeted a sea freight container. The container, consigned as containing wax candles, had been unloaded at Port Botany just two days earlier.

'A closer examination revealed 624 candles had been hollowed out,' Mr Collins said. 'It is believed each contains approximately 200 gms of crystalline methylamphetamine.' He said the drug haul's estimated street value of \$100m made it the second-largest seizure of crystal meth, better known as 'ice', made in Australia.

Three Chinese nationals, aged 38, 41 and 42, have been charged with importing a prohibited import and attempting to possess a prohibited import under the provisions of the Customs Act (1901). They were due to appear in Central Local Court on Friday.

Mr Collins said the AFP and Customs officers' successful interception has now prevented the potentially lethal drugs from reaching the streets.

'It again demonstrates our ability to disrupt drug trafficking and defeat attempts, however ingenious, to breach Australia's borders,' he said.

AFP agent David Stewart said the bust had thwarted a potential \$1.25 million in street deals. 'This is an example of how the AFP and its members continue in detecting and dismantling organised crime syndicates,' Mr Stewart said.

Customs' detections of ice have risen in the last five years from just 100 grams in 1996 to more than 8 kgs in 2000. The drug's side effects include paranoid psychoses, anxiety, depression, extreme rises in body temperature and blood pressure, mood swings and panic attacks.

Livid About A Book Launch

Jeni Porter, *Sydney Morning Herald* (13-14/11/04)

Kings Cross barrister Malcolm Duncan had a torrid time before he galloped off to court on Tuesday with his failed bid to injunct a book launch.

Duncan had bought the book by Ingrid van Beek, the medical director of the injecting centre in the Cross (which he so vehemently opposed), two weeks before his court dash. After poring over the diarised account of the early days of the centre, Duncan said, in an affidavit, that the references to him left him 'disturbed' and 'unable to sleep'.

He was also 'short of cash at the time' so saw little prospect of getting expert legal advice. Duncan hoped the book would moulder in 'shadowy corners of local bookshops' but was horrified to discover it was to be launched on Tuesday night with 'attendant publicity' in his 'hood.

So he spent \$209.65 buying all the copies in his local book store and then rang around in a fruitless effort to find a lawyer to represent him at short notice.

'In the circumstances I appear to have a choice of inflicting myself on the court in person or not at all,'

said Duncan, who failed to convince Justice

Patricia Bergin of the merits of his case.

The launch in a new bookshop in the Cross lived up to Duncan's worst fears, with hundreds of locals and notables, such as Lord Mayor Clover Moore, attending and most clutching freshly bought copies of van Beek's book, *In the Eye of the Needle*.

And if Duncan didn't like being called 'florid', he might be relieved to know it could have been worse. Van Beek revealed the final book was toned down during its four drafts.

'Harry's a bit disappointed I took the stuff out,' she joked, referring to Harry Herbert, the director of the centre's licence operator, Uniting Care.

If she'd stuck with her first draft, 'we probably wouldn't be having this function,' replied Herbert.

The book's commissioning publisher, Richard Walsh, who met van Beek when he chaired an advisory council on alcohol, tobacco and other drugs said he'd never smoked and hardly drunk. 'I did inhale but, unlike Bill Clinton, I never exhaled, so for the next 30 years I lived on the euphoria,' Walsh said.

Don's Review

The Boss was lying there on a hospital bed. 'By the way,' he said, 'have you by any chance got a review ready?'

'God, Tony, not now . . . concentrate on yourself and getting better,' I think. But I say: 'I don't have any books.'

'You don't have to find one with the drug scene in it,' he says.

So I have taken The Man at his word. This is a different review. I make no excuses for it.

I wonder how many people, like myself, have had this response from a recorded message on a certain mobile phone:

You've called Tony Trimmingham. I'm not available to take your call at the moment. I'm sorry you've missed me and I do want to talk to you. Leave me your name and phone number and I'll call you. Remember, it's a good day out there.

It's pretty close to that, anyway, isn't it? So I thought we might have a look at some of the books that emphasise the kind of unconditional love and support that we have come to know from this unassuming man. I would never get away with it if he were well and on his feet, but the first he will

know of this is when he sees it in print. As he says himself, 'That's how it goes, mate.' Literature contains a great deal of love and beauty. I suppose one of the great favourites, perhaps the all time great story of love, is the one about Juliet and her unsupported love for Romeo. Nobody *really* helps this kid. But there are plenty of stories that are less publicised, yet tell far greater stories of support.

For example, we have the story of the Bishop of Digne, told in the opening chapters of *Les Miserables*. As a poor parish priest, he is sitting waiting for an audience, when he is confronted by the newly crowned Napoleon who happens to go strolling past. The great one takes a moment to eyeball him and is met on equal terms. Challenged by Napoleon, the little priest says to him, 'You are looking at a plain man and I am looking at a great one. Each of us may benefit.' And that's how you get to be a bishop.

But then this plain little bishop demonstrates a capacity for love for his fellow man that saves Jean Valjean from ending up back inside the Bastille, a gesture that will in turn save Marius's life later in this wonderful story. It's all about hope, love and trust. Then we have Ian Beedle in Anne Tyler's hauntingly beautiful *Saint Maybe*: an eighteen year old who holds himself responsible for the death of his brother, he will devote his life to caring for others. And there's Ralph, who silently and lovingly watches over Isabel in Henry James' immortal novel, *The Portrait of a Lady*. Caring without any expectation of recompense: it's a human gift shared by too few of us.

Who's seen the movie *To Kill a Mockingbird*? The book is every bit as glorious. It's a modern parable. It has all the characteristics of an original Christian story: love your neighbour, honour and respect your parent, love your children and protect them, be charitable, avoid prejudice, take up the cause of the downtrodden and reviled. Show some guts.

Gregory Peck won the Academy Award for the film, and just for once nobody argued. Harper Lee never wrote another novel. You have to wonder what she could have written after that one.

Scott Fitzgerald chose to tell the world about his sadness for his wife Zelda and her deteriorating mental condition, through the pages of *Tender is the Night*. His hero Dick Diver will do everything a man can do for this girl, but ultimately she will determine her own destiny.

Sidney Carton will pay the ultimate sacrifice, and possibly it will remain unknown to the girl of his dreams. In Charles Dickens' immortal *A Tale of Two Cities*, Carton will substitute himself for her husband and will go to the guillotine to protect her happiness. Along the final path to death he will find a new strength in his commitment to another, and he will calm a little creature not much more than a child, who is initially terrified but will draw her strength from this dissolute drunkard, Carton, as the tumbrel takes them to their deaths. And so we remember Carton with the famous eternal final lines of the book, as he reflects for us that it is 'a far, far better thing I do than I have ever done before'.

Then again, there is the kindness and self sacrifice we find in *Snow Falling on Cedars*, where the hero will unravel the mystery but, in so doing, he knows that he will lose forever the girl he has always loved. In a cruel twist of irony he will save her husband. Life wasn't meant to be easy? Maybe not, but some of us seem to try harder than others on the part of people other than ourselves.

In our own field, I think the book that has moved me most is Imogen Clark's *Saving Jessie*. Essentially, the book is about love, and specifically about developing a new kind of love tempered by understanding. It is also about ensuring that your own life and the lives of those around you are sustained in the face of the suffering. Love isn't necessarily straightforward, whether you win or lose. A lesson I learnt very recently from Tony was that one can only do so much. You can only try. Many of the ultimate decisions will remain with the loved one.

This is something I have noticed in the novels of Tim Winton. Winton tends to remain non judgemental; he is an observer of life in all its intricacies. Some of his best books, for example *Cloudstreet* and *The Riders*, will leave you somewhat frustrated and discontented if what you are seeking is a simple resolution to the problems he observes and examines. His characters sometimes have to work things out for themselves, regardless of family and friend support (or lack of it). Sometimes you don't get the desired outcome and you can almost sense Winton responding with a shrug of the shoulders, and the old observation, 'that's life'. Which it is, when all's said and done.

Sometimes you get love situations where even the author becomes tired of his puppets. Thackeray's *Vanity Fair* is a classic case in question. He called his huge tome 'a novel without a hero', but in fact it has two heroines. The novel was written in serial form for a magazine, and Thackeray openly despaired of ever being able to bring his two most deserving characters together. The male, Captain Dobbin, becomes as frustrated as Thackeray himself, and ultimately determines to walk away from what has become a thoroughly unsatisfactory and unrequited love relationship with the sappy little Amelia, who has created for herself an unrealistic memory of her disgusting dead husband George.

Ironically, it is only when for the first time Dobbin calls the shots, when he does his lolly and walks away, that Amelia realises what an absolute fool she has been and is being. But this is only as a result of the interference of the *femme fatale*, Becky Sharp, who presents Amelia with George's letter, written to her on his wedding day, begging her to run away with him. In the light of today's soapies, maybe this all sounds a bit schmaltzy, but its essence (a willingness to put someone else's happiness in front of your own, something Becky has never done before) is in itself a very deep revelation of one kind of love.

It's a strange and marvellous thing, this caring for one's fellow man. And I realise that I haven't done more than touch on the children. Perhaps that's a specific subject for another review focus. This whole caring thing is what Trimmo is largely about and what his organisation has come to stand for. Not many of us can live up to the kind of demands that this places on us, but at least we have a go.

At the risk of totally demolishing the last vestiges of these pages as an orthodox review, I'm going to switch genres and make reference to one of Tony's idols, a Mr John Lennon. Once or twice in a century, a song comes along which encapsulates something wonderful in mankind, something we hope for and that we strive after. I suggest that Lennon has provided us with one of these songs and I'm reasonably confident that Trimmo would go along with my view.

The song, of course, is the exquisitely wrought *Imagine*.

'You may say that I'm a dreamer,' sings Lennon, 'But I'm not the only one'.

Beautifully and precisely caught.
