



FDS INSIGHT

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Mar Apr 2005

Letter To Family And Friends

Tony Trimmingham

Editors Note: Last year, I reviewed a book *Over the Influence* by Denning, Little and Glickman. The book is described as 'the harm reduction guide for managing drugs and alcohol'. Quite simply, I regard this book as the wisest book I have ever read on dealing with drug dependence. The following is an abridged version of an appendix. We will serialise the letter over the next few editions of FDS Insight.

Someone you care about is drinking or using drugs. You can see many ways he/she is creating problems in his/her life and creating harm in yours. Whether your partner, child, sibling or friend you have stood by them as he or she have tried or refused treatment. You may have left them, kicked him/her out or considered it, begged, pleaded, bargained, been tough, been soft. You are still here because you love this person, fear for them, feel sorry for them or all of the above. But you feel defeated and weak. Nothing seems to help.

You experience profound helplessness, frustration, anger and fear. Today's optimism induced by a new promise of 'never again' is replaced by tomorrow's disappointment when promises are broken.

You end up with questions about loyalty, love, support and limits. How much help is too much? How many times do you cover up or lie for them? How many times do you unbolt the door to let them have a shower or a sleep or feed? Should you give up hope of them changing, preferring family peace to fighting for change through chaos?

You may have been told by experts that you need to stop 'enabling', to start practising 'tough love' (the toughest part of this love is that its so hard to practice). You hope they'll recognise how they are hurting themselves and everyone else. The truth is people can only see what they are ready to see, and sometimes all you can do is sit back and wait.

You may have learned that addiction is a disease and that only total abstinence with the

support of the twelve steps is the treatment. You've come to believe that they must want to continue using or else all the trouble they've had would have convinced them to give up their substances. Their denial is so thick that only 'hitting bottom' will motivate them to get sober. You've been told to stop bailing them out, cleaning up their mess, let them face consequences. Eventually they will hit bottom and sobriety will be possible and only with sobriety will come a life. Having believed this you urge them into treatment.

However in spite of the acceptance and popularity of abstinence based treatment your family member has not got better. Despite the advice to abandon them you've loved them since they were born and the prospect of their death is too hard to contemplate.

So you've had it with promises and disappointments, exhausted by the fear and the suffering the substance abuse has brought, ashamed of their behaviour, feel terrible for those they've hurt. You've heard of being patient, coping and passive in the face of all this. You're tempted to take the advice quit or get out. The problem is though, tough love doesn't work. It's also awful for everyone to put into practice. It is totally unrealistic to expect people to change complicated behaviours on the basis of an ultimatum. Any approach that limits you to an all or nothing choice ignores the reality of how people change. People change in incremental steps, practising new behaviours and new ways of coping with life and feelings over time. The crucial ingredients to making lasting changes are understanding and support. When we expect immediate changes and refuse to be with the person during the process we undermine the very goal we seek to accomplish.

Understanding, however, does not mean that you do not set limits. You set limits with 2-year-olds and you set limits with adults. The limits you are setting are on behaviours. Children need limits that protect them from traffic, fire, poison etc. Adults need different limits, e.g. 'You can't yell at me', 'I can't let you take all our money for drugs.'

It is more usual to separate a person from his or her behaviour. Spending all our money on drugs and alcohol doesn't mean we are stupid we may be just overcome by need.

Behaviours can be changed. Aspects of our personality can change. First of all we must have a basic sense of being valued to make it worthwhile to take care of ourselves.

When we have children we give them unconditional love. As they grow, the older they get, the less we can expect unconditional love to exist between parent and child.

Relationships become equal partner-ships in which we have to earn love and respect even from our parents. This is normal and healthy. Once we grow up the only place we can get unconditional love or more accurately 'unconditional positive regard' is from a skilled therapist. You are not your child's, partner's or friend's therapist. You don't have to provide unconditional love to an adult no matter how much they may 'need' it.

Even if you've endured someone's drinking or drug use for 20 years or more. it's ok to change your mind now. You have a right to alleviate your own suffering. You might even

have an obligation to others particularly to grandchildren who are in harms way.

The harm reduction approach suggests that you undertake the same kind of balanced evaluation of different options for taking care of yourself that we have encouraged the drug user to undertake. To weigh the pros, cons and consequences of actions so that whatever action you take reflects the complexity of the relationship with the drug user and the rest of the family. Just as the drug user needs to respect the complexity of his or her relationship with drugs before making decisions that will actually work and that can be maintained you need to respect the complexity of your relationship with the drug user.

Harm reduction does not mean you have to end a relationship to improve it. Nor is abstinence the basis for an improved life. Nor does an addict have to hit rock bottom to change. Incremental changes in drug using behaviour along with incremental improvements in emotional coping skills are realistic and achievable goals. Abstinence may come at some point but for most people with drug and alcohol problems it is almost never a first step.

For families it means a new way of thinking about the issue.

We know that this new perspective is a lot to swallow. It goes against everything you've learned about what addiction is and how it should be treated. How can someone who is still drinking or using the very drugs that make everything worse get better? We're asking you to develop an entirely new set of ideas about this person you love and his or her relationship with drugs and alcohol. Your ability to be helpful to this person, and take care of yourself, will be enhanced by a change of perspective.

Abridged By Tony Trimingham

Over the Influence

by Pat Denning, Jeannie Little and Adina Glickman

Published by Guildford Press

Letter To The Editor

I do hope you are on the mend again Tony, and that you take plenty of time to recuperate thoroughly. I've been thinking of you both and how much work day and night you've been doing for FDS. It has been a huge commitment for a long time, and I'm not sure how much you feel appreciated. I admire you both very much for your dedication and commitment.

Tony, you might remember my telling you that my son and your Damien have a birthday at around the same time (my son will be 30 on 7 January 2005), and so I often

remember Damien, you and your family at this time. It's a very difficult time for you every year, (February as well) and I'm not sure what I can do to help, except to remember and to let you know that to some extent at least, we, the FDS family, grieve with you.

It is no doubt painful to hear that you are living through our (FDS parents') worst nightmare. None of us would want to be in your place. I dare to mention it because something enormously good has come of Damien's life and death and of your response to grief. You have done something very constructive with your grief by establishing Family Drug Support, and it has born fruit in the lives of so many others who are suffering in similar ways. Your lived example gives me the strength to remain hopeful in spite of feelings of hopelessness and helplessness. When I'm feeling sorry for myself, I always remember your saying: Where there's life there's hope. And then I feel a little ashamed for feeling so hopeless. I do still have hope.

I have felt so powerless to help my son for so long, and recently I simply had to DO something. In a very small way, I have been trying to turn my helplessness into something constructive and powerful by fasting and praying for my son on one day each week. Although I've had lots of ideas in the past about what my son needs to do to recover, I now believe I do not know what is best for him. I simply meditate on God, and let him be God.

I am very grateful for all that you have done for Australian parents and others, because without FDS I would probably be still floundering about in isolation, because really, no-one who hasn't experienced this wants to know. I haven't got the energy to get politically involved, so for me it is enough to know that there are others out there who have similar difficulties and we can support each other through understanding.

God bless you both, and although Christmas is tinged with sadness, let's try to celebrate the blessings as well.

Sue Hobart

Insights Out

If any time of the year is quieter for FDS, it is normally in December and January. The telephone line and support groups continue but training groups, courses and conferences all cease and we usually get a breather.

This holiday time we seem to have had more on our plate than ever. My hospitalisation and the pressure on Sandra, board and volunteers have been immense. Of course, everyone has responded wonderfully to assist Sandra.

Whilst in hospital recovering I had a little insight into the life of a drug user. At one point I was on 34 tablets per day including oxycontin (used as a heroin substitute), endone (morphine) and temazapan. The pain relief given by these drugs was remarkable. I also

went through withdrawal symptoms as I came off these drugs, which was quite severe even though I was not using large amounts.

We also have had good news on the funding front!

The Australian Government has promised us considerable funding to expand and increase availability to the Stepping Stones course. This will mean more courses in Sydney, Country and Interstate and we have already recruited leaders and trainers to expand the program.

The State Government has given us a one-off grant to fund the telephone line and office. Unfortunately this is not recurring and we will again be faced with the dilemma of not being able to take on permanent staff because of not being able to offer ongoing employment.

So I guess we are back to lobbying State politicians.

I was very honoured to receive the Order of Australian Medal announced on Australia Day. I firmly believe that FDS is a team and I accept this honour on behalf of you all as recognition of the way FDS has provided much needed support for families.

Our film reviewer, Don, has contacted me to tell me that he saw the movie Ray after he completed his review this month. He describes this movie as a 'must see' for all readers of FDS Insight his review will appear next month.

Well it's down to business with a busy but exciting year in front of us.

Our thanks to Print Media Group who have kindly agreed to print our FDS Insight for the next 12 months free of charge.

Best wishes, Tony T

Psychosis Linked To Surge In Drug Use

Marnie O'Neill, Sunday Times (9/1/05)

Heavy amphetamine use is blamed for a surge in the number of Australians hospitalised with psychotic disorders.

Figures from the Australian Institute of Health and Welfare showed national hospital admissions for psychosis sparked by stimulant drugs jumped from 200 in the 1998-99 financial years to 1312 in 2003-03.

Data showed a steady rise in admissions with 1028 people treated in 2000, 1248 in 2001 and 1322 in 2002. New South Wales Health said it was possible the 1998-99 figure was so low because it was the first year data was collected under the existing system and only took into account NSW, Victoria, the Australian Capital Territory and Northern

Territory.

Sydney's St Vincent Hospital-based Drug and Alcohol specialist Alex Wodak said the phenomenon was sending mental health services into crisis.

'Amphetamine psychosis is a big problem because people can be quite violent,' Dr Wodak said. 'It's one of the reasons we've seen an increase in violence towards ambulance workers and nurses and admissions to mental health clinics.'

'Mental health has been in a crisis over this. My hospital in Kings Cross has always struggled to provide the resources to meet the demand.'

Dr Wodak's comments were backed by National Drug and Alcohol Research Centre chief Paul Dillon, who said mental health remained vastly under-funded.

NDARC planned to release information on amphetamine psychosis to the public in the new year, he said.

Massive quantities of amphetamines started flooding the country from about 2000, replacing a hole in the market left by a heroin drought.

Amphetamine psychosis is characterised by paranoia, delusions, hallucinations and bizarre behaviour.

Dr Wodak said symptoms usually disappeared a few days after using the drug.

The AIHW's figure specifically relate to 'mental and behavioural disorders due to the use of stimulants, including caffeine', but excluding cocaine. Figures were not available for 2004.

A NSW Health spokeswoman admitted it was a growing problem.

State Marijuana Trial Hits Snag

Sarah Price, Sun Herald (19/12/04)

The future of a state-run medicinal marijuana trial will rely on Federal Government agreement to allow the importation of the substance or for it to be grown locally.

NSW Special Minister of State John Della Bosca will meet federal Health Minister Tony Abbott this week in a bid to win support for the trial. The State Government says importing or cultivating medicinal cannabis are the only options in the absence of a pharmaceutical product.

Mr Della Bosca said while the Government had investigated the potential of Sativex, a cannabis nasal spray, its sale had been rejected by UK regulators this month.

Regulators told the spray's manufacturers, GW Pharmaceuticals, that it would have to

conduct another clinical trial before the spray could be licensed for sale.

Mr Della Bosca said the spray was still some years away from being available in NSW. 'Even then, I am advised Sativex is meant only for people with multiple sclerosis and neuropathic pain,' he said.

'It would therefore not provide relief for patients with cancer, HIV/AIDS or spinal cord injury. Work is taking place to develop sprays for these conditions, but they are many years away.'

After suffering from bone cancer for five years and having two bone marrow stem cell transplants, Edward, 55, decided to try marijuana after hearing how it could ease pain.

Edward, who lives in regional NSW and asked for his surname not to be revealed, said, 'I got a much better sleep and felt better in my stomach.' Since then he uses it at night to help him bear the disease for which he has refused the latest round of chemotherapy because he says his body just would not take any more.

'I was hesitant to do it, but when you're sick in the belly from the morphine, there's nothing else,' he said.

Mr Della Bosca said the Government had a responsibility to look to other solutions to help patients suffering from those conditions as soon as possible.

In the absence of a pharmaceutical product, the only two alternatives were to import a 'standardised, safe source of medicinal cannabis' from countries that already have such schemes in place, or to grow the medicinal cannabis in a regulated environment in NSW.

The State Government does not favour individuals growing the drug. It is not known how the Federal Government will respond to the options.

Hefty Heroin Prices Save Young From Overdose

Belinda Hickman, The Australian (3/1/05)

A heroin drought has dramatically cut the rate of deaths by overdose, particularly among younger people who were unable, or unwilling, to meet a hefty price rise.

A NSW-based study also shows that while many users turned to a cocktail of alternatives such as cocaine, methadone, methamphetamines and antidepressants, the trend did not translate into an increase in overdoses or deaths from these drugs.

The findings could prove a fillip to federal and state governments and police services in their concerted crackdown on drug importation into Australia involving significant busts over the past few years.

But the researchers, led by a team from the National Drug and Alcohol Research Centre

at Sydney University, warn the results were likely caused by a confluence of factors and may be difficult to reproduce.

The study, published in the latest Medical Journal of Australia, is based on overdose numbers collected from NSW hospital emergency departments and the state's ambulance service plus all suspected drug-related deaths referred to the state coroner.

It identifies a 63 per cent drop in ambulance call-outs to non-fatal heroin overdoses and a corresponding 40 per cent decline in the number of cases seen at emergency departments between 1995 and 2003.

Drug-related deaths dropped by 43 per cent.

'Among males, the number of deaths decreased from around 25 per month immediately before the heroin shortage (in 2001) to around 10 per month,' the authors write.

'Among females, the number of deaths decreased from around five to seven per month to around two per month. These lower levels appear to have been maintained since then.'

The decreases were most marked among 15- to 24-year-olds (a 65 per cent drop) and among 35- to 44-year-olds (42 per cent). The rate of over-dose deaths among older users did not change.

'This suggests older users remained in the market, whereas younger users may have ceased or reduced their use of heroin,' the authors write.

During the 1990s, Australia's heroin markets increased substantially, with increasingly pure batches of the drug hitting the street at historically low prices, which meant a big rise in the number of people being treated for heroin addictions and overdoses.

Anthony Trimmingham OAM

Many of you will have read of Tony's award in the Australia Day honours awards list. The citation was simple. 'For service to the community.' We all know to some degree the extent of Tony's work. However only one person, apart from Tony, knows the complete length and breadth of everything Tony has done and achieved. That person is Sandra, and maybe, some day, she will receive the official recognition for which Tony has been so deservedly recognised.

The Australian honours system celebrates the outstanding achievements and contributions of extraordinary Australians in a diverse range of fields and areas of endeavour. It is about recognising those people in the community whose service and contributions have had the effect of making a significant difference to Australian life or, more broadly, to humanity at large.

The Australian honours system recognises the actions and achievements of people who go above and beyond what could be reasonably expected and, in doing so, encourages national aspirations and ideals of the highest community standards and values.

It has been clear to many of us for some time that Tony had met the criteria established for Australian honours. Now its official. Every member of FDS, present or past, or the wider drug and alcohol community will be saying: 'Congratulations, Tony'

Drug Abuse Warning

Courier Mail (28/1/05)

Queensland is the amphetamine capital of Australia and parents need to do more to educate their children about the dangers of drug use, Premier Peter Beattie says.

Mr Beattie yesterday announced a \$10.5 million injection into the state's drug court program to continue the program in the south-east of the state until 2006, and to extend a trial in Townsville and Cairns.

He said he was 'really disturbed' by the escalating use of amphetamines, particularly ecstasy.

'Tragically, amphetamines are more likely to be used in this state,' Mr Beattie said.

Drugs, including alcohol and tobacco, were responsible for almost 4300 fatalities in Queensland each year one in every five deaths

Actual Writing From Hospital Charts

1. The patient refused autopsy.
2. The patient has no previous history of suicides.
3. Patient has left white blood cells at another hospital.
4. She has no rigours or shaking chills, but her husband states she was very hot in bed last night.
5. Patient has chest pain if she lies on her left side for over a year.
6. On the second day the knee was better, and on the third day it disappeared.
7. The patient is tearful and crying constantly. She also appears to be depressed.
8. The patient has been depressed since she began seeing me in 1993.
9. Discharge status: Alive but without my permission.
10. Healthy appearing decrepit 69-year-old male, mentally alert but forgetful.
11. Patient had waffles for breakfast and anorexia for lunch.
12. She is numb from her toes down.
13. While in ER, she was examined, x-rated and sent home.
14. The skin was moist and dry.

15. Occasional, constant infrequent headaches.
16. Patient was alert and unresponsive.
17. Rectal examination revealed a normal size thyroid.
18. She stated that she had been constipated for most of her life, until she got a divorce.
19. I saw your patient today, who is still under our car for physical therapy.
20. Both breasts are equal and reactive to light and accommodation.
21. Examination of genitalia reveals that he is circus sized.
22. The lab test indicated abnormal liver function.
23. Skin: somewhat pale but present.
24. The pelvic exam will be done later on the floor.
25. Patient has two teenage children, but no other abnormalities.

Under The Influence Under Age

Tasmanian Senator Guy Barnett, Hobart Mercury (21/12/04)

Alcohol abuse among our young is indiscriminate. It knows no class or geographical boundaries, no race or colour, no other ethnic differences. It can embolden a shy and naive child while goading others to recklessly act out of character.

The peer pressure accompanying drunkenness can be so great that the steadying influence of parents and guardians becomes vital. The new generation of drinkers starts younger, drinks more and indulges in binge drinking to a greater extent than any previous generation.

The Ministerial Council on Drug Strategy found that not only are 'more young people drinking alcohol, they are drinking at an earlier age and in an increasingly risky manner'.

There are thousands of ways to ruin a child's life by premature alcohol use and abuse a lethal cocktail of lawlessness, road fatalities, drowning, assault, rape, unwanted pregnancies, damage to property, personality breakdown, loss of career, substantial personal debt, loss of friends, loss of humanity and loss of life.

It is a crisis confronting every parent, police station, ambulance depot, hospital emergency department, social worker and lawmaker in Australia.

According to the National Health and Medical Research Council, it costs a staggering \$7.5 billion a year in health bills and is linked to almost 40 per cent of injuries, 34 per cent of homicides, 50 per cent of domestic violence cases, 34 per cent of drownings and almost 50 per cent of assaults.

Nearly one in six of all deaths among 15 to 24-year-olds in the 10 years to 2002 can be

attributed to risky alcohol consumption. An estimated 2643 young people died in Australia from alcohol-attributable injury and disease in that period, representing about 15 per cent of all deaths in the same age group.

Research also shows that 22 per cent of injuries that put young people in hospital can be traced to risky drinking. At such an impressionable age, the younger they start abusing alcohol the greater the likely incidence of alcohol abuse in later life.

The message to parents is to be aware of where your children are and what they are doing as schools wind up for the year, a hot summer comes upon us and the festive season begins.

Research points naturally to a correlation between underage drinking and health complications later in life. A similar pattern exists in the problem of childhood obesity. The earlier the age of initiation into alcohol consumption, the greater the risk of substance abuse later in life. Likewise, obese children are 50 per cent more likely to remain obese in later life, when the threat of health consequences is greater.

The latest Australian Secondary Schools Alcohol and Drugs Survey, conducted every four years under the auspices of the Cancer Council, showed that more children are starting to drink at a younger age.

There was an increase in the number of 12-year-olds reporting regular alcohol consumption 20 per cent of boys and 10 per cent of girls. Importantly, the average number of drinks consumed by students was also higher than in any survey since 1984.

Also of concern is the wide availability of pre-mixed spirit drinks on the market, packaged and blended to appear and taste like cordial.

How do we tackle this crisis?

I note the comments of my colleague Christopher Pyne MHR, the Parliamentary Secretary to the Minister for Health and Ageing, who said recently in a National Press Club speech, 'Ultimately, it is families that bear the responsibility for preventing teenagers from engaging in problem drinking, and it is families that stand the best chance of succeeding. Like it or not, teenagers will continue to find ways to get alcohol. The question is, will they be brought up with the self-restraint to deal with temptation?'

That is not to say that government should be an idle bystander. Governments can and should assist, by funding research into the causes and effects of teenage drinking and running information campaigns to disseminate the products of that research to the broader community.'

In response to the NSW Summit on Alcohol Abuse in August 2003 the Carr Government proposed a strategy for incremental change with a cultural shift towards greater awareness and responsibility.

A solution must include a co-operative partnership between government, the alcohol industry, scientific and medical experts, community and professional organisations and individuals.

It would be in the national interest for Australians to have a national summit on alcohol abuse, especially dealing with the problem of underage drinking, and finding a co-operative path with industry players and key stakeholders. But legislative options ought not be ruled out altogether.

In my experience with the market and industry regarding childhood obesity, major players are willing to consider reforms, such as McDonald's with healthy food options, together with nutritional labelling on their packaging, following my call for reform in mid-2002.

Over the past two years I have worked closely with the Australian Association of National Advertisers and other peak organisations in preparing an advertising campaign to combat childhood obesity and encourage self-regulation through establishment of a code of advertising to children. Based on that experience I am a strong supporter of this co-operative approach because more can be achieved in the long term.

Key members of the alcohol and advertising industry have indicated strong interest in helping to address the problems. We need a co-operative approach because research shows that in almost 40 per cent of cases of underage drinking, parents were the most common source of alcohol, and pre-mixed spirits drinks were the most common types of drinks across all age groups.

The challenge for the industry, welfare groups and governments is to map out a way forward across common ground. A national summit can help to deliver that.

In the meantime, watch over your children, support them and be aware of the peer pressure and dark opportunities associated with underage drinking.

Children Allowed To Drink

Clare Masters, Sunday Telegraph (26/12/04)

Parents are giving children as young as nine years old dangerous amounts of alcohol, particularly over the holiday season, new research shows.

The National Drug and Alcohol Research Centre (NDARC) surveyed more than 3000 NSW students and found 15 per cent of 12 to 13-year-olds nominated the festive season as the time they were most likely to consume the most alcohol.

'They don't normally drink as much at any other time,' NDARC spokesman Paul Dillon said. 'While parties were the number one spots for alcohol consumption, we found at

Christmas and New Year there is a tendency for parents to allow their children to drink.' The study found more than 10 per cent of students aged from nine years old were most likely to drink during the celebratory season and more than 50 per cent believed alcohol was necessary for celebration.

'Parents are horrified that 15-year-olds are having parties and drinking but what message are they sending when they are saying that if you are celebrating you need to drink,' Mr Dillon said.

'The thing that surprises me about parents they are always talking about peer pressure but the reality is the people who succumb to peer pressure more than anyone else are parents. If a child is not old enough to drink any other time of the year why is it acceptable this time of year?' Health authorities are concerned about the drinking among school students according to a NSW Health survey conducted earlier this year.

Mr Dillon said it could lead to dangerous levels of consumption later in life.

'It is encouraging drinking patterns for the future parents are not modelling good behaviour,' he said.

One Teenager Dead A Week From Drink

Tom Noble, The Age (29/12/04)

Under-age drinking costs the life of one Australian teenager a week and puts more than 60 in hospital, according to a research paper released today. The report said that although deaths among 14 to 17-year-olds caused by alcohol fell in the past decade, in most states more teenagers were being admitted to hospital for treatment.

Tanya Chikritzhs, a researcher at Curtin University's National Drug Research Institute, said 501 people aged 14 to 17 died between 1993 and 2002. 'The figures equate to one teenager dying each week from the risky use of a product they aren't even supposed to have access to,' Ms Chikritzhs said. The deaths due to injury and disease represented 13 per cent of all deaths in that age group, she said.

Males were 3.4 times more likely to die than females, and those in the country were 1.7 times more likely to die than those in metropolitan areas. About half the deaths were as a passenger or driver of a car. Suicide was the second main cause, particularly among females. Being hit by a car, assault and drowning were the other main causes of death.

Ms Chikritzhs said two-thirds of 14 to 17-year-olds consumed alcohol, and one in five drank weekly. Surveys show a steady increase in teenage drinking since the 1990s. She said about 82 per cent of alcohol was consumed in amounts regarded as putting drinkers at risk of acute harm, with notable growth in the number of females drinking at consistently high levels. 'Half of all people in this age group have purchased alcohol

from a retail outlet, despite it being illegal to sell alcohol to minors,' she said.

Alcohol Deaths

Deaths	Rate	
Northern Territory	20	1.78
Western Australia	68	0.65
Tasmania	17	0.60
Queensland	116	0.58
South Australia	44	0.55
New South Wales	147	0.42
Victoria	85	0.34
ACT	4	0.22

Deaths for 14 to 17-year-olds, 1993-2002

Rate is alcohol-related deaths per 10,000 in age group, 1993-2002

Source: National Drug Research Institute

The paper partly funded by the federal Department of Health and Ageing said the rise in teenage alcohol use was 'maybe in part due to problematic alcohol taxation and aggressive marketing by the liquor industry, particularly for spirit-based, ready-to-drink beverages'.

Ms Chikritzhs said the tax system needed reforming as it was cheaper to drink pre-mixed beverages and cask wine than other forms of alcohol. She said pre-mixed drinks became cheaper after the introduction of the GST, leading to a big jump in their popularity, especially among young females.

Vodka Binge: Why Is This Man Not Dead?

Rhett Watson, Daily Telegraph (17/12/04)

By all accounts he should be dead, but somehow Rafer Wilson survived a two-week drinking binge to record a blood-alcohol reading more than nine times the legal .05 limit.

With an empty vodka bottle lying on the passenger seat of his beige Mazda 626, the 35-year-old crashed into a parked car on Caringbah Road, not 200m from his Caringbah home.

Police evidence tendered to court revealed a man so drunk he could not stand when ordered out of the car by police.

As Wilson made that first tentative step, his legs crumpled, he collapsed to his knees, lurched forward and smacked his head on the driver's side door, police stated.

His words were close to unintelligible but he allegedly managed to reveal he had been drinking for two weeks.

It was 4.15pm and on that day alone, October 24, 2003, he had managed to finish off one-and-a-half bottles, or 35 nips, of vodka to record a blood-alcohol reading of .462.

Experts are amazed he is alive.

Forensic toxicologist Allan Hodda from the State Government's Division of Analytical Laboratories, said it was an 'incredible level' of alcohol in the blood.

'Based on a lot of medical books, he should not be alive,' he said.

'There are people around who can tolerate these levels but that doesn't mean their livers are not shot.' Paul Dillon from the National Drug and Alcohol Research Centre said people could 'die from a lot less alcohol than that'.

'There are people who have died from a 10th of that amount,' he said.

'This bloke had an awful lot of good luck.' Mr Dillon said it was 'bizarre you could physically drink that much and not pass out'.

Mr Hodda said he had seen higher readings but more often than not those people were dead.

'We've had young kids who accepted dares and have tried to swallow a bottle of rum and then collapsed and died,' he said.

More than 12 months on, Wilson's case is still before the courts. He had expected to be sentenced yesterday in Sutherland Court but the matter was held over to the Downing Centre Local Court for March 3.

Wilson pleaded guilty to the high-range drink driving charge his second. He pleaded guilty to the same charge in 1997 and was fined \$600 and was disqualified from driving for two years.

This time he faces a possible jail term. Documents lodged with the court indicate he has put himself through an eight-week rehabilitation course since last year's crash.

NSW Police confirmed the highest recorded drink driving reading in the state was a woman who blew .572 more than 11 times the legal .05 limit in Orange in 2002.

She had just dropped her children at school.

Nasal Spray Cuts Risks In Heroin Overdose

The Age (22/1/05)

A nasal spray form of the drug Narcan (Naloxone) has been found to be safe and effective for treating heroin overdoses.

In a study led by Western Hospital's Joseph Epstein Centre for Emergency Medicine Research, it was found that for 74 per cent of patients treated with the intranasal method one dose of the spray proved effective in reversing the effects of a heroin overdose.

The research the first of its kind in a pre-hospital setting in Australia was made possible through the collaboration of metropolitan and rural ambulance services in Victoria and Turning Point Alcohol and Drug Centre.

It covered 13 sites throughout Victoria including Melbourne's CBD.

Ambulance paramedics currently treat heroin overdoses with an injection into a muscle or vein.

Many lives are saved in the community by the administration of Narcan by ambulance paramedics. Narcan reverses the effects of heroin which can include impaired breathing and unconsciousness.

For this study the research team randomly administered Narcan by either intramuscular injection or intranasal spray (similar to a cold and flu spray) to unconscious heroin overdose patients.

According to the director of the Joseph Epstein Centre, Professor Anne-Maree Kelly, the results of the study showed that the nasal spray form was a promising treatment for heroin overdoses in the pre-hospital setting by paramedics.

While not as effective as a syringe, it appeared that in most cases using the nasal spray was sufficient to reverse the effects of a heroin overdose provided there was appropriate basic life support and the availability of additional therapy if required.

'Using a syringe exposes health care workers, including ambulance officers, to a degree of risk as many people carry blood born viruses that may be transmitted to the needle-stick injuries,' Professor Kelly explained.

Heroin overdoses is a major cause of death in the western world.

The Joseph Epstein Centre works collaboratively with hospitals and health services in Australia and abroad and the nasal spray research project was supported by a grant from the William Buckland Foundation.

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

Help Needed

We need IT support- someone to help us with our office computers. We are also in desperate need of a regular handyman to help with odd jobs around the office. Please phone us on 9798 0001 if you can help.

News From Overseas

England

Cocaine Now Cheaper Than A Cappuccino

The failure of the government's policy to stem drug imports is revealed today by research which shows that Britain is awash with cheap drugs, with a line of cocaine now costing less than a cappuccino.

The price of ecstasy, heroin, crack, cocaine and cannabis has tumbled to a record low in the last year, as dealers pumped ever greater quantities onto the market, encouraging hundreds of thousands of people to become regular users.

The failure by customs and police to smash trafficking gangs and cut off supplies to the streets is an embarrassment for Tony Blair.

He recently announced longer sentences for dealers and stronger powers for the courts, the latest in a string of attempts to control the burgeoning trade.

Yet despite such efforts, the price of ecstasy has plummeted by 70 per cent over the last decade to ,3.50 a pill, according to figures compiled by the Independent Drugs Monitoring Unit.

In certain areas, users some of whom have become so hardened to the chemicals that they take up to 20 tablets a night are being offered the drug for just ,2.

During last year the cost of a rock of crack fell by more than a fifth to ,10, its largest annual fall since the drug reached Britain during the Eighties. Rocks, each about the size of a white, waxy pea, are effectively cocaine in smokeable form and typically give users one or two hits.

The statistics reveal the changing profile of drug-taking in Britain. Typical of the new breed of users are those who split a gram of cocaine with friends most weekends while experts also warn of clubbers who are increasingly spurning ecstasy in favour of crack.

The monitoring unit is the UK's leading authority on the street value of narcotics and their consumption. It surveyed 2,056 people at music festivals and gigs last year, with the results for 2004 collated in recent days.

Researchers found there were regional disparities in the cost of drugs. Cocaine, for example, is dearest in East Anglia, at ,47 a gram, and cheapest in the north east, at ,39. Increasingly, users are paying under ,40. Users can eke out up to 20 lines each one giving a feeling of self-confidence and alertness for around 20 minutes from one gram. This equates to about ,2.25 a line, cheaper than a cappuccino in many cafes. Addicts, however, often split a gram into just five lines.

'Traditionally we have a much higher rate of drug use than other countries. We are starting at a higher rate and that has gone up even more,' said Matthew Atha, who compiled the report. 'The industry appears to be booming, although there are signs it may be bottoming out.'

For example, the price of an eighth of resin, enough to make around 20 joints of the brown coloured, often low grade cannabis, fell only marginally last year, yet is almost 50 per cent cheaper than 1995. The price of heroin has fallen considerably, and it is more than a third lower than in the mid Nineties.

However, Atha said that an unusually cheap batch of the opiate last year selling at just ,12 a gram may have skewed the figure downwards. His report attempted to quantify the number of regular drug users in the UK, those who take illicit substances at least once a month. Cannabis remains most widely used, with almost 600,000 frequent users feeding a market worth ,978m. Half of the supply is now grown in the UK.

Cocaine remains the second most popular drug. It has 237,000 frequent users, slightly fewer than the number of crack and heroin addicts combined. Ecstasy has just over 76,000 regular users, considerably fewer than suspected. One theory behind ecstasy's rapidly dwindling street value is that dealers have been trying to reinvigorate demand as the drug fades from fashion. However, when the numbers of people who took an illegal substance during 2004 are examined, the totals soar to more than 400,000 for ecstasy, 2.3 million for cannabis and 580,000 for cocaine.

Despite the falling costs, the amount spent by UK users remains sizeable. For instance, in an 'average month' a regular cocaine user will spend almost ,170 on the drug. Crack and heroin addicts part with more than ,440.

The unit's report was compiled for this week's BBC2 program *If Drugs Were Legal*, which will examine the arguments for legalising and regulating the trade.

Factoring in the cost of a regulatory agency to oversee the trade, the Treasury could expect to make up to ,6.4 billion by taxing illicit drugs, the program finds.

Mark Townsend & Vanessa Thorpe

The Observer (9/1/05)

Afghanistan

Deadly Harvest The Afghan Opium Crop Part 2

The Sydney Morning Herald 'Good Weekend' magazine of 15 January 2005 cover story was an extensive report by SMH Chief Correspondent Paul McGeough of 'the terrible choice faced by those trying to stamp out Afghanistan's drug trade'.

He writes: In Afghanistan, the trade in opium and its end product, heroin, props up a battered economy and puts food in the mouths of poor farmers' families. So what will come of American efforts to suddenly stamp it out?'

The report states that Afghanistan now produces almost 90% of the world's opium, 4200 tonnes of high grade opiates last year. Produced in all 32 provinces, on 130,000 hectares and by 356,000 households or by one in ten Afghans. And at \$US4.8 billion opium's contribution to the Afghan GDP was about two thirds of the legal economy.

After the war responsibilities for various aspects of government were allocated to different countries. The US got dealing with al-Qaeda and the Taliban, the Italians were given justice, the Germans, police and the Brits got the poisoned chalice drugs.

The Brits have to live with their PM, Tony Blair's promise to eradicate opium along with the Taliban. They are being elbowed aside by the US who themselves are undecided as to how to proceed. Suddenly the US is desperate for action. Washington is concerned that drug revenue is being used to finance terrorism, and want poppies to be chemically sprayed. US authorities deny that spraying has already taken place, while the new President Harmid Kazai won't have it and has appointed a commission of enquiry to investigate complaints by villagers.

The Pentagon doesn't want to damage deals it has done with the drug kingpins who are supposed to be helping in their search for Osama bin Laden and Mullah Omar, leaders of al-Qaeda and the Taliban. The Pentagon's chief policy adviser, Douglas Feith told The Washington Post: 'The key to success is not turning this into a US military mission.

It's the Afghan Government trying to enforce its own laws and what we're interested in doing is building up their capacity so they can do it.'

The Brits have a more measured response. They drafted a 10-year plan for the Afghans to follow, but now the US is demanding 'real' results within one or two years. And the debate hotted up when at a US Congressional hearing entitled 'Afghanistan: are British counter-narcotics efforts going wobbly?' A senior State Department anti-narcotics official Robert Charles asked if the British had become squeamish, before promising 'a very aggressive, very proactive' US campaign which would be that if 'the penalties are high enough, they will not grow poppies. We need to show the people that we are serious.'

The range of tactics that might be used is not in dispute harass the smugglers and refiners, eradication, alternative livelihoods and a tough judicial system. The Brits tend towards alternative crops and livelihoods and most but not all US pressure is towards eradication.

Opium provided \$US 4.8 billion in 2002-2003, the US provided \$US2.8 billion over the same period.

The World Bank assessed the affects of a reduction in opium production thus:

- Very significant macro-economic implications
- \$US1 billion shock for the economy
- Government revenue adversely affected
- Reduction in imports
- Reduced foreign exchange inflows
- The equivalent of a credit crunch
- A real depreciation of the economy
- Deflation due the lower demand for goods
- 'That's a real recipe for disaster'

Opium is the currency in much of rural Afghanistan. There is a class of businessmen for whom opium is just another commodity to be traded. Their trading funds imports and a construction boom in Kabul office towers, hotels and so-called narco-villas in the best locations.

The World Bank's evaluation of the opium industry and its impact is that Afghanistan now has a strong comparative advantage, it is a durable commodity, non perishable, easy to transport and it commands a high price with a guaranteed market; credit and other inputs are available, market organisation is excellent, there is ample potential for increased production and the environment more closely resembles a competitive market than a criminal cartel. Opium constitutes an enormous injection of income into Afghanistan's battered rural economy.

'A key lesson [from other counties] is that eradication alone will not work, and is likely to

be counter productive.’ The Bank warns that farmers will be forced to grow more opium, not less; they will simply move to remote areas as they did in Columbia; and that there will be even more violence and insecurity as there was in Peru, Bolivia and Colombia. And the Bank argues that the plight of poor growers must be considered, and the success in the fight against opium will probably take decades, not years. It warns: ‘Abrupt shrinkage of the opium economy or falling opium prices without new means of livelihood would significantly worsen rural poverty.’

There are no easy answers in this debate. Farm-gate prices skyrocketed in 2001 because of market manipulation by the Taliban, and held at \$300 a kilo for three consecutive harvests. This year prices have fallen, but the return to farmers is still 12 times better than the return from growing wheat.

A local Kabul expatriate’s expert view is that a lot of people [read Washington] are being very naive. ‘The Afghan power circle is too vicious and way too strong to do just eradication. If you eradicate in one province, it’ll simply move to another. You have to understand, opium is a coping mechanism for the poor but it doesn’t mean they’re getting rich. The industry has not been criminalised, as it has in Latin America but if we start driving people out, what sort of hard core will remain, and then who’ll control the opium, the inventories and what will happen to prices?’

Comments by Evan Thomas

The Afghanistan opium situation if allowed to continue is a classic agricultural prescription for a boom and bust. High prices: result Over-production: result surplus stocks: result- prices fall: result more impoverished farmers. It’s happened in this country with other commodities, sugar and wool to name two. Usually our taxpayers finish up helping out the farmers.

But an international stockpile of unsold opium or heroin may pose a problem for Australia. Normally our heroin is sourced from the ‘golden triangle’ northern Burma, Laos and north-west Thailand. However traffickers with large investments in opium/heroin purchased from Afghanistan, no matter where located, and desperate to sell, may target this country as a likely market.’

What’s Cold Turkey Like Off Heroin?

Think about every time in your life that you’ve ever been afraid, really afraid. Someone sneaks up behind you when you think you’re alone and shouts to frighten you.

The gang of thugs closes in around you, you fall from a great height in a dream, or you stand on the very edge of a steep cliff, someone holds you underwater and you feel the breath gone and you scramble, fight and claw your way to the surface.

You lose control of the car and see the wall rushing into your soundless shout, then add them all up, all those chest tightening terrors and feel them all at once, all at the same time, hour after hour, day after day and think of every pain you've ever know the burn with hot oil, the sharp sliver of glass, the broken bone, the gravel rash when you fell on the rough road in winter, the headache and the earache and the toothache, then add them all up, all those groin squeezing stomach tensing shrieks of pain and feel them all at once, hour after hour and day after day, than think of every anguish you've ever known.

Remember the death of a loved one and shame and unspeakable bitter remorse and feel them all at once, hour after hour and day after day.

That's Cold Turkey off Heroin life with skin torn away.

Excerpt from Gregory David Robert's book, Shantaram, p.650!to be reviewed in next edition of FDS Insight.

Opioid Substitution Therapy Considering The Costs To Consumers

Evan Thomas

This forbidding headline appeared in the January 2005 issue of the journal Of Substance. Of Substance is an initiative of the Australian National Council on Drugs [who advise the PM on drug matters] and is produced with funding from the Australian Government Department of Health and Ageing.

The first few issues of this new journal were, to my mind pretty bland. Recently however the articles have been somewhat more challenging. To some of the conservative drug and alcohol warriors the conclusions of this piece may be hard to accept.

Opioid therapy or methadone [or buprenorphine] maintenance as it is sometimes referred to, is not favoured by some clinicians who favour a complete abstinence regimen. Scientists have not as yet determined which of the various treatments and rehabilitation regimes works best for heroin [opioid] dependency, however 'clinical evidence consistently shows that people who remain in treatment tend to do better than those who do not. People leaving treatment tend to relapse back into drug use. All treatments have improved outcomes for people retained in treatment. However the maintenance treatments retain clients for longer and have less risk of mortality if clients relapse.'

Quote from Of Substance.

Some Of The Issues

While some states and territories do have publicly funded clinics where people can get their treatment free, increasingly clients get their treatment through community pharmacies and have to pay for this service. Moving clients to the pharmacy program, once they are stable on methadone, frees up publicly funded places and allows more treatment. The use of community pharmacies to dispense methadone and buprenorphine is seen as increasingly desirable [for largely financial reasons] in most states and territories.

Consumer Costs

Opioid substitution treatment costs the patient more than most other medication regimes. In this country most medications are subsidised under the Pharmaceutical Benefits Scheme [PBS]. Prescription costs for most medications are capped under the PBS safety net at \$727 per year, or \$198 for those on low incomes.

However for methadone and buprenorphine there are no concessional or safety net benefits. In addition, the dispensing and recording fees are paid for by the patient. The cost of the methadone and buprenorphine is subsidised by the PBS.

In most states and territories dispensing fees are not charged in government-run hospitals and clinics. Victoria is an exception, and patients are charged a dispensing fee by government clinics. The purpose is to 'facilitate' their transfer to community pharmacies, thus 'freeing-up' places for new clients.

What is the impact of dispensing fees on patients?

- Fees for OST can represent over 15% of welfare benefits. A high proportion of patients are low income earners so poverty and associated problems increase.
- Costs of \$1752 p.a. represent a significant disincentive for patients to enter OST.
- It is argued that OST is cheaper than heroin. Maybe. But patients begin OST so that they can forgo their previous fund raising activities.
- Many patients are not good at managing their finances. Interruptions to their treatment because they can't afford it may lead to withdrawal symptoms, increasing the likelihood of other drug use and dropping out of treatment.

Society Perspective

Methadone has repeatedly demonstrated its cost effectiveness as a treatment. When costs such as crime, health care and lost productivity are taken into consideration, investment in methadone treatment results in a net financial benefit to society.

A recent report to the ANCD modelled the effects of applying a number of government subsidy schemes to methadone dispensing. The study found that if the government partially subsidised treatment by \$3 per day with clients paying \$2, this would save clients \$1000 per year, community costs would not increase because of the increased

retention rate.

Study Conclusions

Even a partial government subsidy would:

- Increase the support for the program from community pharmacies
- Reduce the difficulties and stress associated with fee collection
- Reduce the interruption to patients treatment regimes because of lack of finance
- Increase retention in treatment and further reduce illicit drug use, crime, health and social damage caused by drug users outside the treatment system

Other benefits included:

- More patients can be treated by more pharmacies with less pressure on waiting lists
- More time to be spent on the therapeutic relationship
- Less concentration of patients at pharmacies
- More stable patients will be able to be treated conveniently and more locally

Treatment spaces at clinics can be used for patients who need more extensive resources rather than patients attempting to stay there to save money.

Conclusion

The benefits of at least partially subsidising the dispensing fees are great. Financial barriers inhibit patients from moving into a pharmacy scheme, limit new places available, and thus reduce the number of people in treatment.

Methadone and buprenorphine dispensing should be subsidised as the benefits to the community are well documented.

The Struggle

Have you ever travelled down a road to find there was no end
For every corner that you turned there was another bend
The faster that you walked, the longer that it seemed
And you were all alone, in this crazy dream
Crazy dreams that you dream alone
When the lights go out and no one's home
You see the day for what it's been
And you wish to God you could stay clean

The morning brings you to the road you didn't want to travel
and every step you take again makes your life unravel

You keep on walking down the path, wondering what you'll find,
and pray that when you find it you won't have lost your mind
It's halfway through another day and you're looking for those dreams
knowing they can make your life better than it seems
If only to forget your pain for a little while
you can travel down the road just another mile

The night is now upon you, the miles are on your face,
But you keep going forward to your final place.

You know the end is coming soon, you see it straight ahead
And if they don't forget you, you never will be dead

Begary

An Early, Under-Budget, Dignified Men's Centre
Davie Seale, Canberra Times (21/12/04)

Completed ahead of schedule and under-budget, accommodation for 20 people recovering from alcohol and drug problems was officially opened at the men's Canberra Recovery Services Centre in Fyshwick yesterday.

Each of the two new buildings has a kitchenette and 10 bedrooms, and five shared en-suite bathrooms.

The Alcohol Education and Rehabilitation Foundation donated \$225,000 and the Salvation Army footed \$410,000 of the initial \$635,000 price tag. Work began in July and was not due to finish until later this week, although residents had been using the lodging, which cost \$25,9000 less than expected, for the past month.

While chief secretary of the Salvation Army (Australia Eastern Territory), Lieutenant-Colonel Robert Street, cut the ribbon, it was Captain Bruce Harmer, who's run the centre for the past three years, who secured the funding.

Captain Harmer said the new lodging had given the men a sense of pride and independence in their surroundings. 'The old facilities were inadequate, they were much more the style of the social dormitory where all the facilities were down one end every impersonal,' Captain Harmer said. 'We thought we had to give our men the very best chance of recovery, dignified surroundings were important.

'It's a good environment for them to get well just like a plant needs a good environment to grow, so do people.'

All up, the centre had 38 rooms, residents moving to the better accommodation as they progressed through the 42-week program. The average stay was about half that, as some found jobs, were needed in the family, regressed or were asked to leave.

Captain Harmer thought it would be 10-20 years before other major capital works were needed. The grounds surrounding the buildings had been landscaped, and four new outdoor furniture settings were bought as part of the project.

It was thought that 40 per cent of the value of residents' treatment was in their group work, 10 per cent in their one-on-one with a counsellor, and 50 per cent related to interaction between peers.

'It's in the informal setting sitting around those (outdoor) benches that's where the real growth takes place, as they talk to each other man on man; they just talk their issues out.

'They (the rooms) are brand new; they're great and the guys really love and appreciate them. And they look after them, which is an indicator to us that a good environment would breed good behaviour.'

The project was initially to refurbish the dilapidated 25-year-old blocks, which housed a common bathroom. So poor was their state, it worked out cheaper to demolish the buildings.

Even the concrete slabs, which had been poured within the buildings' foundations, had to be relaid as they had been sinking.

The centre reduced its occupancy numbers by 10 when work was under way, and the overflow lived on-site in caravans.

Yesterday, Today And Tomorrow

There are two days in every week
that we should not worry about.

Two days that should be kept free from
fear and apprehension.

One is yesterday, with its mistakes and cares,
its faults and blunders, its aches and pains.

Yesterday has passed,
forever beyond our control.

All the money in the world
cannot bring back yesterday.

We cannot undo a single act we performed.

Nor can we erase a single word we've said
yesterday is gone

The other day

we shouldn't worry about is tomorrow,

with its impossible adversaries,

its burden, its hopeful promise,

and poor performance.

Tomorrow is beyond our control.

Tomorrow's sun will rise either in splendour
or behind a mask of clouds-but it will rise.

And until it does,

we have no stake in tomorrow,

for it is yet unborn.

This leaves only one day

TODAY.

Any person can fight the battles
of just one day.

It is only when

we add the burdens of yesterday
and tomorrow that we break down.

It is not the experience of today

that drives people mad

it is the remorse of bitterness

for something which happened yesterday,

Let us, therefore, live one day at a time!

Anon

FDS Email Discussion Group

Two email discussion groups have been launched for Family Drug Services as on line forums for the sharing of ideas and information and as another way to provide support.

These groups will extend access on the www to the caring, non religious and non-judgmental ideals of FDS by assisting families throughout Australia and the world to

communicate and deal with drug issues in ways that strengthen relationships and achieve positive outcomes.

1. fds-australia@yahoogroups.com is a discussion group for anyone interested in family drug support. It aims to develop collective wisdom to help people to deal with the traumas and chaos of having a family member with drug dependency.

It will also provide a forum for the exchange of information and relevant research with the aim of reducing the adverse health, social and economic consequences of drug use for the community and the individual. The group will be moderated to ensure the discussions remain focused on harm minimisation.

2. FDSvolunteers@yahoogroups.com is an on line group for staff and volunteers to exchange information and support each other.

Membership is open to staff and those who have undertaken the volunteer training provided by FDS so members from all areas will be able to be informed, communicate regularly, get to know and to support each other no matter where we reside.

This group will be moderated and as membership is restricted to staff and volunteers your identification and approval to share membership information of FDS with the moderators will be required.

If you are not already a member of other Yahoo groups find details about membership at: <http://help.yahoo.com/help/au/chat/>.

Or you can register at: <http://au.chat.yahoo.com/> and just follow the prompts to set up Yahoo membership identification before subscribing to the FDS groups.

For those who wish to remain private an email address at Hotmail can be set up at: www.hotmail.com.

If anyone has difficulties subscribing please contact the moderator at: emcms44@hotmail.com.

Film Reviews

Don Matthews

The new year is still very young, of course, but it will take a pretty good film to knock Sideways off my list right at the top. Within 24 hours of my seeing the film it had won the Golden Globe Best Film award, although I have to confess I didn't have anything to do with that. It's an exceptional film; funny, biting, beautifully scenic and frequently near the bone. It qualifies for our reviews because it's set in the Californian grape areas: there is probably too much drinking, no, there is too much drinking. The trouble is, for all of us

who touch alcohol, we can see a lot of ourselves, particularly in the two male characters. Wine tasting is parodied and yet we still learn a lot about it. It would surprise me if the vineyards of California did not bankroll this film. As a travelogue, it's up there with the very best. You feel as though you just really have to travel those hills and valleys, you can taste and smell the products, and you are taken gently by the hand on quite an educational journey.

Meanwhile, the plot (there is one) meanders along. Essentially it comes down to a pair of lifelong friends, one recently divorced and not travelling well as a result of this, and the other finally about to take the plunge after more than 20 years of short-term relationships and pleasing himself. Instead of a buck's night, they set out for a buck's week. A manic depressive and a totally unreliable, completely unsuitable marriage prospect, two great buddies whose worlds couldn't be further apart. From an FDS point of view, the amount of liquor consumed is probably appalling, and the drink-driving which takes place is politically shameful. Nevertheless, it happens, and you travel along with our hero, Miles, fearful of the outcome. For all that, it has gut-bustingly funny scenes that had the audience exploding.

The climax (well, I mean the one which leads to the wedding . . . there are several others which provide the film with its M rating) is quite wonderful and it is sustained to the very end of the movie. Make sure nobody tells you anything to do with the ending, or for that matter anything to do with the final 15 minutes. If Thomas Haden Church wins a supporting Oscar it won't be out of place, but for Paul Giamatti to miss nomination for leading actor was a travesty.

Finding Neverland raises the theme of paedophilia, whether that is a major intention or not. It is the story of J.M. Barrie's liaison with a widow (Kate Winslet, as good as ever) and her four boys, and Grandma (Julie Christie, looking tres elegant) and very loosely based on fact (the film's credits tell us that the film was 'inspired' by real events). In my days as a children's literature critic, I used Peter Pan as one of my touchstones, so far as quality for children was concerned. Funny, when I first had it read to me, and then when I read it for myself, and later when I lectured to trainee teachers on the book and the play, it didn't cross my mind that somehow there was this underlying possibility of the creator's fascination with little boys. I still can't see it. After all, we do have Wendy in a pivotal role, and one might even suggest that she calls the shots. Reviews I have read of this movie seem to me to force the unfounded 'evidence' upon the reader: certainly, the relationship between Barrie and the widow was another matter (although virtually irrelevant today), but this film is as pure as the driven snow vis-a-vis his relationship with the children. Either that, or I saw a different film from that which some of the critics appear to have watched. It's a pretty good film, cleverly wrought, and Johnny Depp gives an outstanding performance. If you want to see it as an irony after what I've just said above, I guess I have to live with this, but the truth is it's a film for mature

audiences. I don't think an immature audience would understand what was going on.

Late last year I finally caught up with *The Station Agent*. This delightful American film tells the story of a New York dwarf (Peter Dinklage) who is fascinated by trains. It's a gentle and totally absorbing little production, set virtually entirely in a little nowhere town, well away from any major city. Our hero has inherited a little railway siding station, long defunct and with some permanently unrolling stock alongside. The 2.30 and the 6.15, along with the usual railway paraphernalia, roll past every day and night, and the little man logs them all. He is pestered by a young man (Bobby Cannavale) who runs the mobile diner truck nearby (you have to wonder how one makes a living with such a business, but he is only minding it for his sick father of the summer period. Then of course, you find yourself wondering how his father ever made a living out of it, but then you remember that you are watching a movie).

A love interest (Olivia, Patricia Clarkson) appears. An unwilling triangle develops. The little man has been something of a recluse all his life and the other two, particularly the guy with the diner truck, bring him out of himself. The only thing he really wants to do in the whole of the little town is to join the library, but there he runs into *Catch-22*, because you can't join the library unless you can prove you live there (i.e. at his station agency), and he hasn't got anything to say that he actually lives there and is therefore a resident of the town, even though everyone knows who he is and where he lives. He is asked to provide some mail addressed to himself, but of course he never receives any, so . . . One of the highlights of the film is when he receives a letter and you find yourself nodding and chuckling along with the rest of the audience, as we all realise what this means: Who cares about the letter? He can join the library!

So how do I get this into an FDS review? Easy, they are into the grog and the funny-smelling smokes. At first it's only our young friend, but he and the little man and the lady eventually strike up a relationship that at least provides comfort and warmth that all three of them need. There never seems to be any threat or fear associated with the marijuana or the alcohol: it just serves its purpose and certainly breaks down the barriers. So far as the two females in the film are concerned, life doesn't go too well. The leading lady is going through a very messy divorce and the young woman who helps the hero at the library has a ghastly thug as a boyfriend. To make matters worse, she has managed to get pregnant and doesn't know what to do next. You just have to hope she will steer clear of the thug.

It's a while since I've been as disappointed with a film as I was with *De-Lovely*. As a card-carrying, every-word-knowing, Cole Porter fanatic, I suppose that I expected better than I got. Kevin Kline plays Porter beautifully but he isn't given much to work with. The dope and the grog flow freely and I was reminded at times of the world that Scott Fitzgerald provided permanently for us. But this film falls far short of anything of that quality, and the singing is so-so. Robbie Williams doesn't do a bad job on the title song,

while our own Caroline O'Connor provides the highlight of the whole show with Anything Goes. She is a class act in her own right. But frankly, the Sheryl Crow version of Begin the Beguine is utterly, beyond belief appalling, and Natalie Cole is ordinary with the beautifully crafted Every Time We Say Goodbye. Elvis Costello looks as though he'd rather be somewhere else during a tragically weak Let's Misbehave, and the much-feted Diana Krall looked to me to be in danger of falling asleep and losing the plot during her number, which indeed was Just One of Those Things. One has to ask why they couldn't get people like Michael Feinstein, Thomas Hampson and Kim Criswell to do the job properly.

To some extent I accept that this has to be a matter of taste, but to my mind Porter deserved better. The cocaine and the homosexuality are generally handled deftly by Irwin Winkler, very sensitively and with a great degree of understanding. I did respect the lack of compassion that accompanied these presentations, because the focus of the film was on a man who pleased himself, made his own decisions, misbehaved, and accepted all consequences. I suspect that Porter would not want judgement passed, although the holy rollers would doubtless say that the shocking accident he suffered in midlife probably squared the record. Ashley Judd is outstanding as his wife and if you want one reason for going to the film, she is probably it. If you want two reasons, go for the O'Connor Anything Goes. But don't go to get a handle on Porter's best music; buy the CD by Hampson instead.