

**Jul – Sep 2006**

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**Family Drug Support**

## Real Life Stories To Help Families Battling Drug Use

**The Hon Christopher Pyne MP**



book that draws on real-life experiences to help families battling with drug addiction was launched today by the Parliamentary Secretary to the Minister for Health and Ageing, Christopher Pyne.

'The book, *In My Life*, examines drug addiction, the situations of families dealing with it, and the challenges confronting those helping family members,' Mr Pyne said.

'The Government aims to ensure that families affected by drug use, and those who seek to help family members through drug treatment, are provided with effective, relevant information and support.

'We believe this book will provide that support. It uses personal stories to provide a valuable insight into families who choose to continue to support family members who have drug problems, and help them on the often tortuous journey of treatment.'

Mr Pyne said a research study in 2004 had found that a book of family experiences would prove valuable for families dealing with drug issues.

‘This useful resource will help those whose lives are affected by illicit drugs,’ he said. ‘The stories here will resonate with their own experiences, helping and strengthening them as they support family members who are using drugs or being treated for addiction.’

The book was written from interviews conducted by Moya Sayer-Jones and produced by a consortium of three organisations, LMS Consulting,

Uniting Care Burnside NSW and Family Drug Support.

*In My Life* will be widely distributed with strengths-based workshops planned later this month across three jurisdictions and broader dissemination following the workshops. The book’s useful information includes a contacts page and a glossary of commonly used terms.

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## Louise’s Story From ‘*In My Life*’



Hi! My name is Cynthia (the book portrays me as Louise).

My son started using heroin at 15 years of age. The AIH website says that if an ADHD sufferer does not receive treatment they will self-medicate. And so our story began nine years ago . . .

I must admit after re-reading the material in the book after several months I almost didn’t recognise myself or the words of my story . . . almost like a dissociative state on my part . . .

Or at least I barely recognised the person that I was then . . . The first thing I became aware of when re-reading my family script was how compassionate I felt. How difficult it was then. The overwhelming sense of exhaustion sensed between the lines.

A sense of hopelessness – having lost all sense of direction but mostly that there was NO forward movement . . .

nothing ever seemed to make a difference.

So how does a family find their way out of that quagmire?

We tried every thing to assist my son – wanting to overcome our fear of losing him into that endless cycle of heroin addiction – coupled with ADHD – that produces a loss of their own sense of value as a human being. We wanted to stop it before he became marginalised by his own thinking of himself.

We didn’t want him to see himself as worthless, useless and unworthy. Or even worse – a criminal.

I remember my son sharing with me once that he felt so ashamed – that others directed disgust and judgement towards him for using heroin. He felt it as he walked down the street. It made him shrink . . .

I attended a workshop run by Tony Trimingham called *Stepping Stones to Success*. It is the only course I've ever found available that helps you to understand the impact of dealing with an addict. It outlines the pathway you might go through when dealing with their addiction.

Tony shared once during the course (I'm paraphrasing here) that it is indicated that families who stick with their children through the drug addiction – and not abandon them – the addict has a far better chance of overcoming the addiction. I hung on to that thought – that possibility.

That became my philosophy.

'The Power of Love' which is the name of our particular story reflects that philosophy.

I stuck with that belief – and still do. I never stopped loving my son – nor did I abandon him.

I cannot stand here and tell you that it was the right solution. But I can tell you that it provided me with a deep, spiritual purpose – and at times when all else failed – that deep spiritual purpose kept me going.

Perhaps I can call it FAITH.

I tried to believe that it was happening for a purpose and that we would find our way through it.

I cannot stand here and say that it worked. I cannot even share my list of 'right answers' or even to suggest this is the best path forward for anyone else who finds themselves in this predicament.

For families however, addiction coupled with mental health issues is an unbearable burden. It is endless, ongoing cycle and at times quite hopeless.

But you learn a lot about yourself as a person and about society when you handle these kinds of issues. For me they included:

1. Can you love someone, your child – the addict, no matter what they do?
2. Can you be big enough to forgive them, your child, when they cause you and others unending pain and emotional distress?
3. Can you understand the griping power of the addiction and their inability to overcome it – when it was easy for you to give up coffee everyday?

These are not always easy concepts to get our heads around.

I remember when my son was coming up before the courts – and I thought of how many other drug cases the magistrates hear day after day after day – often with young people who have no one.

I spent several weeks putting together a small photo exhibition with a little story about the photo of Ben and his life with us – in the better days. I wanted the magistrate to see that he belonged somewhere. That he mattered to someone.

The photos were just simple ones-of his sister's birth – the first time he laid eyes on her. He and I skiing together, a birthday party, rock climbing with his dad, at a picnic with my husband.

Just everyday things that made him REAL. And that let the courts know that he was someone's son. He mattered.

Then, when Ben was in jail, at first he was like a caged animal, desperate and distressed all the time. One day when we were talking I said to him that in some places in the world people go to sit in caves to reflect and consider our place in the world.

I suggested that he might also use this as an opportunity to be the 'Peaceful Warrior' (based on a book that he'd read by Dan Milman of the same title). This was his chance to reflect and consider his life-his place in the world.

He seemed to settle after that and it made his time in jail more bearable. He actually, in the end, managed it well.

We're not through this cycle yet – my son still struggles – his self-esteem is extremely low. He has trouble holding jobs – he doesn't feel confident or

capable. Perhaps he still has a long way to go.

There are still times I wait for the phone to ring to identify his body. These are uncertain times.

For me – well . . .

I remember one day just being lost in what seemed a in a dark, hopeless place.

I could hear myself crying out to the Universe, 'What do I do?'

The answer was, strangely enough: 'Do only that which brings dignity to you.'

That's what I practise everyday.

In closing, I'd like to say:

Thanks to Tony Trimmingham – a light in the dark.

Participating in this project is like exposing your underbelly in your most resource-less, ineffective and emotional time of your life.

It wasn't easy but I would like to thank the other families who participated and I'm grateful to Uniting Care Burnside, Sandra Black and Moya Sayer Jones for their commitment to bring these family experiences into the light and be heard.

We too have stories to tell . . .

Thank you.

# INSIGHTS OUT



Welcome to yet another *FDS Insight* – the months just fly by!

The book of family stories has been released, *In My Life* is a wonderful book and there was a review and speech given by Cynthia at the launch in Sydney. Copies are free but there is a \$7.00 handling and postage charge. Please contact the office if you would like a copy. (Please refer to *Don's Book Review* in this newsletter.)

The Sydney injecting site is under political threat again with the opposition determined to close it. The usual chorus, Alan Jones et al, don't help with their ill-informed misinformation. There is to be a symposium at the NSW Parliamentary Theatre, Macquarie Street from 9am on 12 July 2006. Speakers include Professor Ian Webster, Dr Ingrid Van Beek and myself. It will be an enlightening session, so get along if you are able.

The Canadian site is also under threat despite overwhelming evidence of its benefits (refer to articles in *Overseas* section).

My brother died earlier this year (aged only 48 due to long-term alcohol problems) so Sandra and I will be in the UK and Ireland for most of August. Therefore, the next *FDS Insight* will be a bit late so bear with us on this.

We have received some good news – the Australian Government has given us funding to upgrade *The Guide to Coping*. Expect to see a much bigger and better version!

Until next time, take care – Tony T

PS: There are still some vacancies for the *Stepping Stones* program which runs over two weekends in Sydney. The benefits from participating in these courses are numerous.

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## Advance Notice: Forum On Ice - 28/9/06

FDS in conjunction with Northern Sydney Central Health will be presenting a Forum on Crystallmethamphetamine (Ice), Treatment Options and Family Support. The evening will commence at 6.30pm with light refreshments and the Forum will

commence at 7pm. Guest speakers will be presenting and we would like all members and volunteers to attend this interesting evening.

**Venue:** To be confirmed but will be in the Chatswood, Willoughby area. Please phone FDS (02) 4782 9222 if

you would like to attend and receive further information.

# Ministerial Council On Drug Strategy

Joint Communiqué (15/5/06)



The Ministerial Council on Drug Strategy (MCDS), the peak national policy and decision-making body for licit and illicit drugs, met in Perth today to consider national drug issues. The Council comprises the Australian Government and State and Territory Health and Law Enforcement Ministers, including Justice and Police Ministers and the Australian Government Minister for Education. The New Zealand Government is also represented on the Council.

Today's meeting was chaired by the WA Parliamentary Secretary to the Attorney General and Minister for Health and Electoral Affairs Minister, Sue Ellery. Issues discussed by the Ministers included

## National Cannabis Strategy

Cannabis is the most widely used illicit drug in Australia and in response to this Ministers today endorsed Australia's first National Cannabis Strategy 2006-2009 which will build on the achievements of the States and Territories. The Strategy has a strong prevention emphasis with a range of actions recommended to set national priorities for targeting cannabis production, supply and use. The Strategy focuses on reducing public acceptability of cannabis, research into usage rates and the link between cannabis use and poor mental health,

providing education on the harms associated with use, a range of law enforcement supply reduction strategies, developing the capacity of the health sector to address cannabis problems and investigating and encouraging treatment of cannabis addiction, including diversion programs.

## National Alcohol Strategy

Ministers today endorsed the National Alcohol Strategy 2006-2009, which was developed as a response to the patterns of problematic alcohol use that have become prevalent in Australia. The aim of the new Strategy is to develop safer drinking cultures in Australia to produce healthier outcomes for all Australians. This will be accomplished through a coordinated approach that addresses intoxication; public safety and amenity; health impacts; Indigenous cultural place and availability. Council members have asked the Intergovernmental Committee on Drugs (IGCD) to identify four or five key actions areas to be dealt with as a matter of priority. The responsibility for implementing the recommendations is spread across the Australian and State and Territory Governments and across portfolios and stakeholder groups. The recommendations from the Strategy will guide the development and implementation of a policy framework

to respond to alcohol-related harm in Australia. Each year approximately 3,000 people die as a result of excessive alcohol consumption and around 65,000 people are hospitalised.

### **Monitoring of Alcohol Advertising**

Ministers received a report on the self-regulatory system for alcohol advertising, noting that since Ministers last discussed this issue, a number of improvements had been made. These included greater consideration of public health issues when reviewing alcohol-related advertising complaints, increasing government involvement, inclusion of internet advertising in the Alcohol Beverages Advertising Code, a formal avenue for complaints regarding alcohol advertisements on the internet and a greater number of complaints on alcohol advertising being upheld. Ministers agreed this work needed to continue and established a Monitoring of Alcohol Advertising Committee. The ongoing monitoring of the self-regulatory system for alcohol advertising will ensure that alcoholic beverages are advertised appropriately and according to community standards.

### **Standard Alcohol Drinks Logos Initiative**

Ministers endorsed a voluntary national standard drink logo for alcohol products, which was developed in partnership with the alcohol industry. Ministers also requested that the

alcohol industry report back to Ministers in May 2007 on the industry's uptake of the logos. Having a standard drink logo on alcohol products promotes responsible alcohol consumption.

### **Fetal Alcohol Spectrum Disorder**

The incidence and prevalence of Fetal Alcohol Spectrum Disorder (FASD) in Australia, together with the risks associated with alcohol consumption during pregnancy, have resulted in significant debate among health professionals. In response Ministers commissioned a working party to progress this issue on a national level, which is led by the South Australian Government. Ministers received a presentation from Professor Carol Rower, Telethon Institute for Child Health Research and a member of this Working Group. Ministers noted the work in development including an audit of all activities currently being undertaken across governments, the development of specific initiatives to address the higher incidence of FASD in Indigenous Australians and improvements in the diagnosis and appropriate referral of children and adults with FASD.

### **Inhalants Abuse**

Ministers received a report from the National Inhalant Abuse Taskforce, commissioned in 2003 to consider existing initiatives, programs and strategies, including current best practice, and to make recommendations

for a national response to inhalant abuse. The report recommended a National Framework for Addressing Inhalant Abuse which includes the establishment of a National Inhalant Abuse Clearinghouse, the development of targeted information resources, the development of national treatment guidelines, increasing private sectors involvement in inhalant abuse initiatives and reducing the supply of abusable products. Ministers noted this important work and commissioned a Working Group to further progress this work.

### **Amphetamines**

Ministers commissioned the development of a national strategy to coordinate efforts to reduce the harms of amphetamines and other dangerous psychostimulants (ATS) noting that work is already underway to develop the law enforcement component of the national strategy. ATS is now recognised as the major illicit drug threat facing Australia, with the production and use of ATS posing significant health risks to users, illicit manufacturers, the general community and first responders attending clandestine laboratories. All jurisdictions have already instigated initiatives to target drugs such as crystal methamphetamine or 'ice' as well as 'speed'. This new national approach will take jurisdictional efforts to the next level. The Australian Government has committed \$34 million to combat the effects of psychostimulants and some of this money will be used to fund the development of the strategy.

### **Clinical Guidelines In The Treatment Of Opioid Dependence**

Ministers endorsed a revision of the National Clinical Guidelines and Procedures for the use of Buprenorphine in the Treatment of Opioid Dependence, which have been in place since 2001 and are referenced by all States and Territories. The revision has been necessitated by the introduction of a new opioid pharmacotherapy, Suboxone(R), which is now listed on the Pharmaceutical Benefits Scheme. The revision also reflects changes in research and clinical knowledge of pharmacotherapies use in the treatment of heroin dependence.

### **Precursor Chemicals**

Ministers received an update on the achievements of the National Working Group on the Prevention of the Diversion of Precursor Chemicals into Illicit Drug Manufacture. This Working Group brings together 45 members from Australian Government, State and Territory law enforcement agencies, forensic and health services, and the pharmaceutical and chemicals industry. The Working Group focuses on implementing the Australian Government's \$5.4 million National Strategy to Prevent the Diversion of Precursor Chemicals into Illicit Drug Manufacture, with the goal of addressing gaps or weaknesses in the precursor chemical environment, which may be exploited by illicit drug manufacturers.

## **Drink Spiking**

Ministers responded to the issue of drink spiking by commissioning the National Project on Drink Spiking in 2003 under a cost shared funding arrangement. Under this project, the Australian Institute of Criminology produced a report on the extent of drink spiking and associated criminal victimisation, which documented the current legislative and procedural arrangements and identified communication and educational initiatives in this area. At the meeting Ministers received a report on the development of awareness raising resources for police, liquor industry staff and hospital emergency staff. Ministers agreed that drink spiking posters and information cards should be disseminated to police, the liquor industry and hospital emergency departments.

the National Aboriginal Workforce Program previously commissioned by Ministers. The Program aims to reduce alcohol and other drug related harm through sustainable workforce development and capacity building in Indigenous Communities. Part of the project is the development of a National Indigenous Alcohol and other Drug Train the Trainer Program which has developed culturally secure resources for frontline workers to use in Indigenous Communities. The Drug and Alcohol Office, Western Australia leads this three year project in collaboration with Queensland, South Australia, Northern Territory, Tasmania, ACT and New South Wales. Minister also noted progress made by against improving indigenous data collection around drug and alcohol issues, indigenous smoking cessation, indigenous alcohol management programs and policing responses to indigenous communities.

## **National Aboriginal Workforce Program**

Ministers noted a presentation by the Western Australia Parliamentary Secretary to the Minister for Health and Ms Wendy Casey from the Western Australia Drug and Alcohol Office on

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# **Drug Free Australia Rejects Laurie Ferguson Attack**

**ADRA Australia Media Release (29/6/06)**



Drug Free Australia has rejected the attack by the Federal

Shadow Minister for Population Health and Health Regulation, Laurie

Ferguson, on its supposed lack of organisational visibility and accountability as false.

In yesterday's media release the Shadow Minister attacked Drug Free Australia as 'a little-known organisation' that has received government funds 'without satisfactory explanation about what the money will be used for, what the deliverables are, and whether it will be in line with the National Drug Strategy.'

Craig Thompson, President of Drug Free Australia is concerned by the nature of the attack and that it has no basis in fact. Mr Thompson said, 'Funding from the Federal Government was offered to our organisation to fulfil a ten point plan that meets our organisational objectives of delivering a high impact education and harm prevention message to key policy makers and the general public. We fail to understand why Mr Ferguson might think that this falls outside the National Drug Strategy when our program is the very essence of harm prevention.'

Drug Free Australia is a peak organisation initiated in 2001 by representatives of many State-based and national drug prevention organisations and family associations. Its role is to

ensure communities are well-informed about the harms of illicit drugs and empowered with anti-drug strategies.

'Our Mission statement states that prevention is one of our major objectives, and we are in complete agreement with Mr Ferguson's statement that one dollar spent on prevention saves \$4-10 in treatment. Our funding agreement with the Federal Department of Health included a strategic plan in line with the Tough on Drugs strategy. Drug Free Australia has only recently received funding and Laurie Ferguson can be assured that much will be heard from DFA in the future.'

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## Young At Risk From Binge Drinking

Miranda Wood, *Sun-Herald* (21/5/06)



Australians might be renowned for their drinking prowess but drug experts fear that young

people are taking that reputation too far.

Alcohol consumption – particularly

among young girls – has health authorities worried, with fears Australia could follow Britain where binge-drinking levels have doubled in the past decade.

New approaches to tackle alcohol abuse, such as toughening liquor laws and improving school drug education programs, will be revealed at the International Conference on Drugs and Young People, opening in Sydney on Wednesday.

Conference organiser Geoff Munro, from the Australian Drug Foundation, said the level of harmful drinking by young people was escalating.

‘We’re not downplaying the impact of illegal drugs such as ecstasy and amphetamines, but it’s too easy to ignore that alcohol is not only a potentially dangerous drug but one that is most accessible to young people and the one mostly used by young people,’ he said. ‘We are making alcohol very available.’

A simple questionnaire to predict the likelihood of teenagers becoming binge drinkers will be presented at the conference.

Robyn Davies, a PhD student at the Australian National University in Canberra, has developed the questionnaire that involves teenagers answering questions on their drinking habits and those of their friends and family, particularly their mothers.

‘It gives them a percentage of whether they will binge drink,’ she said. ‘It’s

untested but it has been developed on data.’

Her research was based on figures compiled by the Centre for Adolescent Health after a survey of Victorian school students in years 8 and 9. Of the 2000 students polled, between 30 and 40 per cent fell into the binge-drinking category.

Munro said liquor consumption by young girls was disturbing. ‘The higher admission rates to emergency rooms for young girls is objective proof that young girls are drinking far more than they have in the past,’ he said.

Latest figures show that, from 1998 to 2001, hospitalisation rates for teenagers aged between 15 and 19 rose by 4 per cent, and for women aged 20 to 24 by 7 per cent.

International drug experts will share their particular country’s response to alcohol-related problems at the conference. Among them will be leading British drug education expert Professor Howard Parker, who will highlight that illegal drug use among young Britons has stabilised while binge-drinking rates are soaring.

Munro said Britain’s alcohol situation must not be repeated in Australia and authorities must take action now.

‘We should firstly recognise that alcohol is a drug, like the others,’ he said.

Munro said drug education programs in schools must receive more financial

support and should be a compulsory component of the curriculum.

He said that pubs and clubs should enforce liquor laws better.

‘There’s no doubt that underage people are still served alcohol,’ he said. ‘We need to review the way in which alcohol is marketed to young people.

‘I think we also need to review the proliferation of discount liquor outlets. There are many more establishments selling alcohol.’

### **Nothing To Shout About**

- 19% of 12-year-olds and 20% of 17-year-olds are drinkers (at least one drink in previous week)
- 12- to 17-year-old girls favour spirits and pre-mixed drinks.
- 12- to 17-year-old boys prefer beer and spirits.
- 31% of drinkers aged 15 and 44% of drinkers aged 17 drink at level considered risky for adults. (seven or more a day for men, five or more for women).

*Source:* Cancer Council of Victoria

# Violence Rises Due To Drug Controls

Ruth Pollard, *Sydney Morning Herald* (17/5/06)



Until restrictions on the sale of pseudoephedrine took effect in January, up to 50 per cent of the drug sold or stolen from pharmacies went into the illicit manufacture of methamphetamines, a parliamentary inquiry has heard.

However, while the controls have reduced the number of 'pseudo runners' going from pharmacy to pharmacy to obtain drugs containing pseudoephedrine, they had also led to an increase in the use of violence to obtain the drug, senior NSW police told the inquiry.

Continuing the crackdown on methamphetamine, or speed, police called on the Federal Government to regulate the importation of pill presses.

'At the moment somebody can order a pill press, bring it into the country and sell it in the *Trading Post* or on eBay to individuals who have no legitimate reason to use it,' Detective Inspector Paul Willingham told the inquiry.

The Therapeutic Goods Administration could issue licences for pill presses and it could be made an offence to possess such equipment without a licence, he said.

Researchers told the parliamentary inquiry there were 73,000 dependent methamphetamine users in Australia – almost double the number addicted to heroin.

The director of the National Drug and Alcohol Research Centre, Richard Mattick, said it was a mistake to think that medicinal therapies, such as methadone to treat heroin, were the only way to beat drug dependency.

Governments should also be investing in treatments such as cognitive behavioural therapy and other psychological interventions, he said.

'We have been quite poor in Australia in responding in an accurate way [to drug use] and this is driven by politics,' Professor Mattick told the inquiry.

Chris Arblaster, the marketing and development director of the Australian Self Medication Industry, said the repackaging and rescheduling of pseudoephedrine products have had a marked impact on the diversion of those drugs into the illicit trade. Before that 'anything up to 50 per cent of the market was open to abuse', he said.

## FDS Website

For up-to-date information about our activities, look up our website

[www.fds.org.au](http://www.fds.org.au)

# Never A Hard Case, Cannabis Use Finally Gets Attention

Richard Mattick, Director NDARC, *Sydney Morning Herald*



decade ago, it may not have been possible to arrive at a consensus approach to cannabis use in Australia. Cannabis was seen as less harmful than other illicit drugs and most of our illicit drug policy focused on the heroin epidemic and growing rates of heroin overdose. Media attention also focused on ecstasy use and youth culture. For a long time there was limited evidence on exactly what the harms related to cannabis use were.

Yesterday's decision to adopt a national strategy, made by the Ministerial Council on Drug Strategy, marks the start of a move to correct this imbalance in our response to illicit drugs.

Although there may have been some decline in the use of cannabis in recent years, it remains by far the most widely used illicit drug in Australia, with 750,000 Australians aged 14 years and over using the drug each week.

In addition, young people are starting to use cannabis at an earlier age and we know that the earlier cannabis use begins, the more problems users will have in the future.

At the same time, there have been changes in the way young people use cannabis, most particularly which part of the plant they use. Rather than the less potent cannabis leaf, the flowering

head of the cannabis plant, its most potent part, is being used increasingly.

More frequent use is also being reported among young people. Evidence suggests that heavy cannabis users are more likely to experience educational, social and employment difficulties, and long-term smoking of the drug may cause physical illnesses, as with smoking tobacco.

These risks need to be communicated more clearly to users and potential users to reduce cannabis-related harm.

More attention has also been given to the mental health problems associated with cannabis use, such as anxiety, depression and psychosis. Demand for assistance with cannabis-related problems has been growing at drug treatment centres and hospital stays for cannabis dependence have also increased.

Some people need help to reduce their cannabis use and there are options available. These should be better communicated to the public, and new ways of treating the problem explored.

The response within the health system is only part of the answer. Diverting users from the criminal justice system, providing them with appropriate advice about their cannabis use and equipping

them with ways to reduce cannabis use when it is problematic is a sensible approach.

We also need to recognise that commercial cannabis crops are associated with significant organised criminal activity. The associated potential for violent crime, the drain of money from the economy and the impact on the public must be considered.

Cannabis use is often viewed as harmless, or as being less harmful than alcohol use. As well, some claim that the drug has important medicinal potential for those in pain or suffering wasting diseases. This is opposed by others who argue that cannabis is a toxic and dangerous drug.

These polarised views feed a simplistic debate about the legal status of cannabis: whether its use should be decriminalised (if not legalised) or continue to be prohibited.

This debate dominates discussion about cannabis and distracts attention from improving our understanding of the drug and its consequences for society.

As a result, many remain uncertain about what to believe. The prohibition debate has effectively hijacked attention from the legitimate need to provide accurate advice to the public and has prevented effective communication about the true health and social effects of cannabis use, which, in turn, has prevented good policy responses from being developed, until now.

A national approach to dealing with cannabis does not preclude debate about drug law reform or the medicinal value of the drug. However, this should not become another opportunity for the extremes of that debate to confuse the public about the issues involved. The public needs accurate, unbiased information. Against this backdrop, policies should be in place to discourage its use, but especially to discourage the transition to heavy and dependent cannabis use.

The agreement on a national strategy opens the way for a national approach to inform the public, professionals in health, the legal fraternity (policing and judicial) and decision-makers about the true nature of cannabis use and its actual impacts, and how these might best be addressed.

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## North Shore Group – Starting Soon

We will be shortly commencing FDS support meetings in the North Shore area and would be interested in hearing from people wishing to volunteer as co-facilitators for the support groups and also to facilitate Stepping Stones

Courses. Please call (02) 4782 9222 for further details.

# My Name Is 'Meth'

I destroy homes, I tear families apart,  
take your children, and that's just the start.  
I'm more costly than diamonds, more precious than gold,  
The sorrow I bring is a sight to behold.

If you need me, remember I'm easily found,  
I live all around you – in schools and in towns  
I live with the rich; I live with the poor,  
I live down the street, and maybe next door.

I'm made in a lab, but not like you think,  
I can be made under the kitchen sink.  
In your child's closet, and even in the woods,  
If this scares you to death, well it certainly should.

I have many names, but there's one you know best,  
I'm sure you've heard of me, my name is crystal meth.  
My power is awesome; try me you'll see,  
But if you do, you may never break free.

Just try me once and I might let you go,  
But try me twice, and I'll own your soul.  
When I possess you, you'll steal and you'll lie,  
You do what you have to – just to get high.

The crimes you'll commit for my narcotic charms  
Will be worth the pleasure you'll feel in your arms, your lungs your nose.  
You'll lie to your mother; you'll steal from your dad,  
When you see their tears, you should feel sad.

But you'll forget your morals and how you were raised,  
I'll be your conscience, I'll teach you my ways.  
I take kids from parents, and parents from kids,  
I turn people from God, and separate friends.

I'll take everything from you, your looks and your pride,  
I'll be with you always – right by your side.  
You'll give up everything – your family, your home,  
Your friends, your money, then you'll be alone.

I'll take and take, till you have nothing more to give,  
When I'm finished with you, you'll be lucky to live.  
If you try me be warned – this is no game,  
If given the chance, I'll drive you insane.

I'll ravish your body, I'll control your mind,  
I'll own you completely, your soul will be mine.  
The nightmares I'll give you while lying in bed,  
The voices you'll hear, from inside your head.  
The sweats, the shakes, the visions you'll see,  
I want you to know, these are all gifts from me.  
But then it's too late, and you'll know in your heart,  
That you are mine, and we shall not part.

You'll regret that you tried me, they always do,  
But you came to me, not I to you.  
You knew this would happen, many times you were told,  
But you challenged my power, and chose to be bold.

You could have said no, and just walked away,  
If you could live that day over, now what would you say?  
I'll be your master, you will be my slave,  
I'll even go with you, when you go to your grave.

Now that you have met me, what will you do?  
Will you try me or not? It's all up to you.  
I can bring you more misery than words can tell,  
Come take my hand, let me lead you to hell.

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## Drug Education 'A Waste Of Money'

Danielle Cronin, *Canberra Times* (6/6/06)



axpayer's money was wasted on some programs to warn school children about the dangers of taking drugs, an ACT lobby group told a parliamentary inquiry yesterday.

Families and Friends for Drug Law Reform president Brian McConnell said

the current drug education programs in schools were ineffective and some were a waste of money.

'You need to provide factual information to the kids, not hype and exaggeration,' he said.

'If you say to a kid 'you smoke cannabis

and you'll get psychotic or you'll get schizophrenia', the kid will know someone who is using cannabis and has never been psychotic or schizophrenic and so it puts the lie to the education.'

Mr McConnell was giving evidence to the Parliamentary Joint Committee on the Australian Crime Commission holding an inquiry into amphetamines and other synthetic drugs.

Seizures of the illicit drug ecstasy have skyrocketed in the ACT, according to police, who believe networks are distributing large quantities of amphetamines and other synthetic illegal drugs in the region.

In a submission to the parliamentary inquiry, ACT police reported a three-fold increase in the number of ecstasy seizures from 40 to 132 between 2001 and 2005. More than 640g of ecstasy was confiscated in 2005 compared with about 39g in 2001.

The number of amphetamine seizures had remained relatively stable at 200 but the weight of drugs netted had dropped from about 950g to less than 530g. Nationally, law enforcement agencies had found 358 clandestine amphetamine laboratories in 2004 compared with 58 in 1996.

The ACT had the highest percentage of ecstasy users in the country, according to the latest survey that showed 6 per cent of people aged 14 or older had taken the drug in 2004 compared with 4.8 per cent in 2001.

In the same period, the proportion of people who reportedly used speed in the ACT was down from 4.5 per cent to 4.3 per cent. But this was still the second highest in the country behind Western Australia with 4.5 per cent.

An Australian Federal Police spokesman told the inquiry 40 per cent of its resources were devoted to drug operations despite the demand to focus on counter-terrorism and national security.

Criminals who imported and manufactured illicit drugs were the targets.

'The arrests and charging of users is extremely limited,' he said. 'Well over 95 per cent [of arrests], if not even greater would be those that are either involved in the importation or the direct manufacture, and not the users.' But Australia Institute deputy director Andrew Macintosh said the policy had failed because authorities focused too heavily on nabbing users rather than dealers.

'Behaviour will not change significantly as a result of law enforcement,' he told the committee.

'The nucleus of drug strategy must be prevention and treatment programs rather than law enforcement.

'At the moment, around 80 per cent of government resources are spent on law enforcement. Most of this is tied up in chasing down drug users rather than suppliers.'

# Letters To *The Daily Telegraph* Editor

## **Brought Down By Methadone**

Methadone as a drug is just as bad as any other narcotic. It is more addictive than heroin; people remain on it for decades. It is a drug peddled by medical companies which are basically legalised drug dealers.

The problems associated with its use, especially those of children, accidentally or purposely given methadone are just one example. The crime hot spots created around distribution centres are another.

Just ask any police commander who has one or more in his area. They want to get rid of them. Just as many research papers state it has limited impact on crime reduction.

I am all for drug addicts being given an opportunity to stop taking drugs such as heroin. But the idea of methadone was to wean them off it by slowly decreasing the dosage. This does not happen because pharmaceutical companies and dispensers make money from junkies.

**Michael Weston, Holsworthy** (19/6/06)

## **Drug Throws Addicts A Lifeline**

In their attacks on methadone, Michael Weston (Letters, 19 June) and David Knowles (Letters, 20 June) make fundamental errors in their comments. Methadone is not an illicit substance –

it is a medicine and has wider uses than substitution for heroin dependence.

Like any other medicine, it can be dangerous if misused or carelessly left for children to find.

It is an opiate and therefore potentially a drug of dependence, but no evidence exists it is 'more addictive than heroin'.

The Bureau of Crime Statistics has irrefutable evidence that methadone treatment reduces crime in areas where it is supplied.

More importantly, it is widely accepted by those who work directly with drug dependants that methadone is the most effective treatment we have, especially for those who cannot or who are not ready to give up heroin. It allows people to have jobs, relationships and better health, and gets them out of the round of death, disease and crime so common with illicit heroin use.

Yes, we need detox and other treatments, but these only work when people are ready. For families affected, methadone gives hope, life and respite. No other medical initiative has to face the scrutiny of this treatment, so let's get our facts rights.

**Tony Trimmingham, Leura** (21/6/06)

## **Saving Lives**

The safe injecting room in Kings Cross is not about sending right or wrong messages. It's about attempting to save

the lives of people who have fallen into addiction.

Drug addicts are going to use regardless of whether there is a safe place to inject or not. More often than not in back streets, alleyways and stairwells. In many cases, unnoticed overdoses result, many finishing in death.

Used syringes are often used in these unsupervised injecting pits, often transmitting blood-borne diseases such as Hep C and HIV to the user. The user may then spread these diseases by sharing the needle or through unprotected sex. Often infected users prostitute themselves for drug money, thereby infecting non-users.

In the injecting room they can inject safely to live another day, perhaps a day closer to rehabilitation.

The staff provide the light at the end of the tunnel; some users take it, some may next time, or the next time.

I think the main problem for some with the injecting room is that drug addiction is in their face, meaning they have to confront it.

It would be so much simpler to put it back in the alleys and lanes, out of sight and out of mind. HIV AIDS is a very easily preventable disease. Should we stop providing drugs and facilities to those who have unprotected casual sex too?

Graham Morrith, Orange (1/7/06)

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## Letter To Mr Alan Jones, Radio 2GB

Dear Mr Jones,

I have received several phone calls this week regarding your attacks on drug policy in Australia -particularly 'harm minimisation' strategies such as the needle and syringe programs, pharmacotherapy's and the injecting room.

The policy in Australia is supposed to have three arms – supply reduction, demand reduction and harm reduction. Unfortunately funding for the three strategies is not equal or balanced. Supply reduction – customs, police and prisons get 84% of the money. Demand reduction – prevention, education and treatment get only 10% and harm

reduction – needles etc a miserly 6%. Essentially we have a policy that is weighted to prohibition and zero tolerance.

Despite this our harm reduction policies are the envy of most health workers the world over. Our HIV rates among injecting drug users are the lowest in the world and many Asian countries are following our example after unsuccessfully trying to fight 'wars on drugs'.

As an organisation that supports family members we know how hard and long it is to overcome dependence whether it is to alcohol, nicotine, cannabis or heroin. It is a pathway fraught with continual

rounds of hope and disappointment. Lapsing is normal and the cycle takes a long time to complete – many never succeeding. All treatments have about a 5% success rate in getting people to complete abstinence. In the meantime treatment interventions can reduce the intake of substances, provide respite for families, and allow some control and ‘normality’ into chaotic lives. No one can ever recover from death – which is the prospect for many without interventions.

Our organisation sees a lot of sad situations – we also see a great many successes. Most of the people who ring us, look at our website or attend our groups learn coping skills and how to deal with issues that arise. They develop resilience -which is essential for all families struggling with disability. All of this in an atmosphere of prejudice and discrimination in our community which leads to isolation, shame and despair.

I don't know if you have ever spoken to my great friend Bill Crews on these matters – but I would love to sit down with you and him to have a discussion.

I am often asked to speak at schools and I would welcome you sitting in on my presentation. I have upcoming sessions at Santa Sabina and also at St Anthony's on the Fields church at Terry Hills after mass.

We don't want our kids to use drugs -we especially don't want them to become dependant, go to jail or die from overdose. We live in a world where people do these things and surely we need to do all we can to minimise the

damage.

Thank you for reading my letter and I have enclosed some of our resource materials.

Tony Trimmingham OAM CEO (19/5/06)

## **Reply From Alan Jones**

Dear Tony,

Thank you for your letter, written after you say you heard from others about what I've been saying on air of late about drug policy in Australia.

It's a shame you didn't hear my comments for yourself; it's often a problem getting an accurate picture of a situation when information is not heard directly.

In any event, it's clear you and I come at dealing with this country's drug problems from different perspectives - and obviously I respect your right to hold the views that you do. And I would hope you'll extend me the same courtesy.

I appreciate you offering to meet up with me (along with your 'great friend' Bill Crews), and also to allow me to attend one of your talks to school children, but I must tell you that I'm comfortable with where I stand on the drug issue.

Good luck to you and your organisation, as you continue to fight one heck of a battle.

With best wishes,

## Under The Influence

Robert Drummond & Alexander Linklater, *Financial Review* (16/6/06)



o what extent do we control our own behaviour? The question of free will is, on a psychiatric ward, a brute, practical problem. Treatment is determined by the extent to which patients are unable to master their own minds. The dilemma is most pronounced when the damage is self-inflicted. Take the alcoholics. Are they the agents or the victims of the habit that destroyed them?

The young psychiatrist finds himself baffled by the drunks who wind up on the ward. His views on the nature of addiction – whether it is a biological predisposition or an acquired problem – are unresolved, and he tends to bow to the instincts of his consultant, an austere bespectacled woman who works by experience rather than theory.

One particular Wednesday, the first patient into the shabby consulting room is Mick, a well-known alcoholic who has been making death threats to his wife and neighbours. Admitted to the ward in a drunken, paranoid rage, he started making similar threats to the nurses.

Now sober, he is still paranoid, but the consultant is convinced that no other mental illness is present. She tells Mick that he will be charged – alcoholism alone is not sufficient for detention

under Britain's 1983 Mental Health Act. Mick is all talk. He has no history of actual violence. But the consultant nevertheless informs him sternly that each threat he makes will be reported to the police. The young psychiatrist takes note: she is talking to Mick about consequences, treating him as the agent of his own fate. It is hardly psychiatry, but it is effective. Mick is outraged by the suggestion that he should bear his own burden. 'I am a dangerous alcoholic and it's your job to deal with me,' he shouts as he leaves. 'This is who I am!'

The next patient to walk in, however, puts Mick's alcoholism in the shade. John is a man so hollowed out by addiction he barely seems present. A week earlier, he had been found writhing naked on the floor of his bedsit, lathered in his own excrement, contorted by seizures and hallucinating Lilliputian figures. The consultant had sectioned John for treatment, bestowing on him the status of a mental illness superseding the alcoholism. Thus, the law can grant that he is not responsible for who he is.

Now John has been detoxed on vitamins and valium, washed and fed. His yellow skin is stretched around small, distracted eyes. The delusions of persecution have abated and a social

worker has been invited in to plan his discharge. 'We want to avoid a relapse of your illness,' the consultant tells John. 'We need to organise other things to fill your time.' John couldn't care less. He is not interested in what his 'illness' may be or how to improve his life. He wants a drink. He wants to be set free in order to succumb to his fate. 'Let me go,' he says distantly. 'I don't want your help. I have my rights.'

That evening, the young psychiatrist goes out for a drink with his friend Leonard, a talented writer, a dedicated family man and, for 20 years of his life, an alcoholic and drug addict. Bird-shaped and angular with opinion, Leonard sticks to roll-ups and coffee, indifferent to the psychiatrist's pint of bitter. Leonard is intrigued by clinical accounts of alcoholism, because he spent years in psychoanalysis trying and failing to conquer his habits. He and his shrinks had decided that abuse and abandonment at the hands of his mother lay at the root of his addictions.

Leonard would come in drunk or strung out on drugs, and they would talk about his terrible mum. The mind-bending intoxication in the room was simply ignored.

Then, one day, Leonard decided this was absurd. He sacked his last analyst and joined Alcoholics Anonymous. He didn't buy into the AA idea of seeking help from a higher power, but, just like Mick, he came to believe that he was an addictive personality. Having accepted this, Leonard, unlike Mick, never drank

again.

On the night bus home, snaking its way through the winter rain, the young psychiatrist ponders the three alcoholics. What makes them different? Mick wanted to palm off responsibility, viewing himself as a predetermined medical fact. Some science would support him in this. Motivational pathways in the frontal lobe of the brain are associated with addictive behaviour – and drugs such as cannabinoid receptor antagonists are being developed to block the relevant synapses. The consultant, however, refused to reduce Mick to his brain, viewing him instead as a moral agent.

Which is not what she did for John, who seemed so fully to embody his addiction that it was hard to discern any human agent separable from the motivational distortions of his habit. So she defined his addiction as a 'disease'. Yet at the very point she divested him of responsibility for his behaviour, John claimed his right to do what he chose. And the law says he can, even if his will is in thrall to a pathological condition.

The last paradox of the enslaved will is Leonard. He is lucky, redeemed partly by circumstances: intelligence, a career, hope inspired by his family. Yet circumstances are insufficient explanations.

Having spent years trying to unearth the psychological roots of his addiction, Leonard found none. Instead, he accepted his lot as a predetermined

biological and genetic fact – a matter over which he has no control. And it was at that moment he found the strength to make a free choice, and walk away.

## Events Diary

### STEPPING STONES PROGRAM

*(Note: Course runs over two weekends)*

<b>Sat 22 Jul</b>	<b>SYDNEY</b>	<b>10am – 4pm</b>
<b>&amp; Sun 23 Jul;</b>	<b>Venue:</b> Office 3, Suite 1, 251 Liverpool Rd, Ashfield	
<b>Sat 5 Aug</b>	<b>Enquiries:</b> FDS (02) 4782 9222	
<b>&amp; Sun 6 Aug</b>		

<b>Sat 22 Jul</b>	<b>PORT MACQUARIE</b>	<b>10am – 4pm</b>
<b>&amp; Sun 23 Jul;</b>	<b>Venue:</b> 53 Lord St, Port Macquarie	
<b>Sat 29 Jul</b>	(PIMS Bldg, next to ABC)	
<b>&amp; Sun 30 Jul</b>	<b>Enquiries:</b> Pam (02) 6583 1704	

<b>Fri 4 Aug</b>	<b>CANBERRA</b>	5.30 – 9pm
<b>&amp; Sat 5 Aug;</b>	<b>Venue:</b> ACT Health Bldg, Training Room 1	9.30 – 5pm
<b>Fri 18 Aug</b>	Moore & Alunga Sts, Civic	5.30 – 9pm
<b>&amp; Sat 19 Aug</b>	<b>Enquiries:</b> FDS (02) 4782 9222	9.30 – 5pm

<b>Sat 19 Aug</b>	<b>GEELONG</b>	<b>9.30am – 4pm</b>
<b>&amp; Sun 20 Aug;</b>	<b>Venue:</b> Glastonbury Child & Family Services	
<b>Sat 26 Aug</b>	222 Malop St, Geelong	
<b>&amp; Sun 27 Aug</b>	<b>Enquiries:</b> Annie Baker (03) 5222 6911	

<b>Sat 9 Sep</b>	<b>BYRON BAY</b>	<b>10am-4pm</b>
<b>&amp; Sun 10 Sep;</b>	<b>Venue:</b> Community Centre, 69 Jonson St, Byron Bay	
<b>Sat 23 Sep</b>	<b>Enquiries:</b> Theo 0402 604 354	
<b>&amp; Sun 24 Sep</b>		

### VOLUNTEER TRAINING

*(Training program for FDS Telephone Support Line)*



## **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 on (02) 4782 9222 to discuss your bequest.