News From Overseas

Canada

Vancouver's Supervised Injection Facility Needs Your Help

I work with the Portland Hotel Society, the community group that helped to establish Vancouver's Supervised Injection Facility. The exemption for Vancouver's Supervised Injection Facility that exists at the pleasure of the Federal Government is due for renewal by Canada's newly elected conservative Prime Minister Stephen Harper. The permit that allows the site to operate expires on 12 September 2006. Vancouver's SIF has produced convincing research evidence to indicate that it has:

- Decreased public injection
- Reduced dangerous syringe sharing
- Reduced HIV risk behaviour
- Reduced publicly discarded syringes
- Increased addicts seeking of treatment and detox
- Reduced measures of public disorder declined with the SIF opening
- Reduced bacterial infections such as cellulitis and endocarditis
- Increased use of detox

Furthermore, the safe site has shown:

- No increase in crime
- No increase in public disorder
- No increase in drug dealing in the facility
- No Increase in syringe littering
- No increase in relapse rates?

Just to cover all the bases, we're shoring up support for the healthcare initiative right now. A campaign, the Friends of INSITE (the name of Vancouver's Supervised Injection Facility), is beginning. I'm wondering if we can call on you, as citizens from a sister country that also supports comprehensive healthcare programs for people living with addictions (including supervised injection facilities), to support us by providing a letter of support that we can put on our website as one of the international supporters of the project.

I can provide you with any of the research papers on Vancouver's SIF (there are approximately 20) from peer reviewed medical journals if it is helpful. The Supervised Injection Facility isn't a stand-alone project, either in terms of the Four Pillars Approach (treatment, prevention, enforcement and harm reduction) to addiction or the work of the organisation that operates it (the PHS) in partnership with the Province of BC. The PHS also operates an art gallery, dental clinic, low-income credit union in partnership with Vancity employment programs, grocery store, antibiotic program and 500 units of social housing.

The letter would be addressed as follows:

The Rt Hon Stephen Harper, PC, MP
Prime Minister of Canada
Office of the Prime Minister
80 Wellington Street
Ottawa K1A 0A2 Canada
Fax: 1-613-941-6900
Tel: 1-613-992-4211
Email: Harper.S@parl.pc.ca

Please contact me regarding writing a draft letter as I have some text that may be helpful. If you agree to write one, please send it directly to me as I will send it with a package of important letters to several policy makers.

I know that there are many such requests that are made and that you are very busy. Thank you for considering mine.

I believe that Vancouver's SIF is a life saving measure for people living with active addictions and their families.

If it does not receive its renewal from the Federal Government of Canada (the permit expires on 12 September 2006) then many of the most at risk citizens in Canada will be relegated to the shadows of society.

Respectfully,

Dr Dan Small, Director
Portland Hotel Society

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PM Not Committed To Injection Site

Proponents of Canada's first safe-injection site for heroin addicts say they don't understand why Prime Minister Stephen Harper isn't committed to the facility that appears to have saved lives and slowed the spread of diseases such as HIV.

Harper told a news conference Thursday the Conservative government is still deciding on the fate of the site where addicts are allowed to shoot heroin or use other injection drugs under the supervision of health-care workers.

'I'm not committed to it,' he said in Vancouver.

'We're asking various agencies, including the RCMP, to give us evaluations of that program as it comes to a conclusion and we'll go from there.'

The previous Liberal government approved the facility as a three-year pilot project. In September, Health Canada must decide whether to extend its approval.

Dr Perry Kendall, the BC's provincial health officer, said there are already enough evaluations in peer-reviewed journals to suggest the site should be maintained.

'I would very much hope that no government agency would act to impede something that was showing health benefits and public order

benefits.'

Kendall is supporting Victoria Mayor Alan Lowe, who wants a safe-injection site in his city.

Lowe said Harper's comments give him hope because the prime minister isn't saying the site should be shut down.

'All urban cores are experiencing some drug-related problems – needles on the streets and people shooting up – and focusing on the harm-reduction method of trying to assist these people from a health perspective as opposed to just enforcement' is something to support.

Lowe said he will talk to Harper about the issue on Friday when the prime minister is in Victoria.

The Vancouver site has been supported by Mayor Sam Sullivan, former Mayor Philip Owen, former Mayor Larry Campbell, now a senator, and the Vancouver police department.

A study earlier this year by the BC Centre for Excellence in HIV/AIDS concluded the supervised injection facility is not increasing rates of relapse among former drug users, nor is it a negative influence on those seeking to stop drug use.

Viviana Zanocco, spokeswoman for the Vancouver Coastal Health Authority which runs the site along with the Portland Hotel Society, said letters of endorsement from various agencies and police have already been forwarded to Health Canada.

Zanocco said she doesn't understand why Harper would say the government is asking the RCMP for an evaluation on the site because the Mounties have nothing to do with it.

'I think the fact that we divert a lot of people to treatment, whether it be detox or counselling, that's successful,' Zanocco said.

Mark Townsend, spokesman for the Portland Hotel Society, said there's enough evidence to suggest the government would support the site as others have.

'I'd be shocked if they didn't support it because the science is in.'

C. Bains, Canada News (2/7/06)

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Vancouver's Free-Heroin Experiment Wins Praise

A 30-year heroin user says she is able to hold down a job and live free from the fear that she will be poisoned by bad street drugs now that she gets free drugs through an experimental program.

'I am a 30-year heroin addict,' Dianne Tobin, president of the Vancouver Area Network of Drug Users, told an international conference on Sunday. 'I knew at 17 [years old], I needed heroin to get through the day.'

She was obsessed with getting drugs

because she had to 'score' twice a day. She couldn't hold down a job.

Tobin is one of 100 users who volunteered for the North American Opiate Medication Initiative (NAOMI), which gives drugs to 100 heroin addicts in Vancouver.

She says her quality of life has improved. 'I don't have to go out 'scoring' to get drugs illegally,' she said.

Tobin was speaking to delegates from 93 countries – including China, Iran, Bangladesh and Malaysia – who are in Vancouver for the International Conference on the Reduction of Drug Related Harm.

The conference is looking at solutions to drug-related problems, among them innovations in use in Vancouver, including prescription heroin, needle-exchange clinics and safe-injection sites.

The Canadian Institute of Health Research says there are 60,000 to 90,000 Canadians addicted to heroin, and says illegal drug use costs the Canadian economy more than $8 billion a year.

The NAOMI project, funded by the Canadian Institute of Health Research, hopes prescription heroin can reduce harm associated with the addiction, such as disease, economic effects and social consequences.

'[Drug abuse] is one of the issues I am willing to die on,' Vancouver Mayor Sam Sullivan, a vocal supporter of harm reduction drug treatments, told the conference.

The standard treatment for heroin users is methadone maintenance therapy, but it is not always successful.

British delegate Andria Efthimiou-Mordaunt said Switzerland, which started a free heroin program in the 1990s, has demonstrated that once heroin users receive their 'fix', they can focus their concentration on other things.

She says that may provide hope for those who have failed in methadone programs.

'Once the obstacles [heroin craving] are out of the way, their life has improved,' she said.

The aim of the conference is sharing ideas to improve drug treatment.

'We can really learn from each other,' said Sue Currie, co-chairwoman of the conference, which runs until Thursday. 'Sometimes we get stuck on what works in our community. [Each country] can offer different perspectives on the same issue.'

H. Travis, *Vancouver Sun* (1/5/06)

United Kingdom

Drug Consumption Rooms Should Be Piloted

Drug consumption rooms offer a 'unique and promising way' to help lessen fatal overdoses as well as take drug use off the streets and reduce numbers of discarded needles in public places. These are the findings of an Independent Working Group set up and funded by the Joseph Rowntree Foundation.

Drug consumption rooms are places where dependent drug users are allowed to inject drugs in supervised, hygienic conditions. There are approximately 65 drug consumption rooms in operation in eight countries around the world but there are none in the UK.

Over the past decade, the UK has consistently had the highest number of drug-related deaths in Europe. According to the report's findings, large quantities of syringes and drug-related litter are dropped in public places across the UK, causing considerable impact on local residents and businesses.

Chaired by Dame Ruth Runciman, the Independent Working Group included UK experts from the police, legal and health sectors. For 20 months, the group reviewed the growing body of evidence, commissioned research where data was lacking, visited drug consumption rooms in five countries and interviewed relevant witnesses.

Ruth Runciman said:

'Setting up and evaluating drug consumption rooms would be a rational and overdue extension to UK harm reduction policies. This approach would offer a unique and promising way to work with the most problematic users, in order to reduce the risk of overdose, improve the health of users and lessen the damage and costs to society. While millions of drug injections have taken place in drug consumption rooms abroad, no one has died yet from an overdose. In short, lives could be saved.'

Highlighting associated health problems such as blood-borne viruses, abscesses and cellulitis, Ruth Runciman stressed how often these result in hospitalisation which could be avoided. She also spoke of the UK's substantial population of homeless drug users who often inject in public places causing distress to their local communities.

The working group also considered the legal issues. Ruth Runciman said: 'From our close scrutiny of national and international legal frameworks we do not see any insuperable legal obstacles to the piloting of drug consumption rooms in the UK.'

The group found that drug consumption rooms:

- can avert drug-related deaths, prevent needle-sharing and improve the general health of users
- can decrease injecting in public places and reduce the number of discarded, used syringes and drug-

related litter
- do not appear to increase levels of acquisitive crime
- were generally not associated with public order nuisance or other problems, especially with good interagency cooperation in place
- are mostly used by local drug users.

Ruth Runciman added: 'We conclude that well-designed and well-implemented drug consumption rooms would have an impact on some of the serious drug-related problems experienced in the UK.'

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Alcohol Is Deadlier Than Ecstasy, Says Government's Drugs Adviser

Alcohol is more harmful and causes more deaths than the drug ecstasy, a leading scientist who advises the Government on drug safety is warning.

Professor David Nutt, a senior member of the drugs panel which recommended the downgrading of cannabis, is calling for the current system of drugs classification to be widened, to reflect the dangers posed by excessive drinking.

The addiction expert says only 10 premature deaths a year in the UK can be blamed on ecstasy, compared with at least 22,000 attributable to drinking. He highlights the fact that alcohol is exempt from an official system of harm rating despite being the cause of 10,000 assaults a year, unlike ecstasy, which is not linked with violence.

Professor Nutt says in the latest edition of the journal Psychopharmacology that the Tory leader, David Cameron, is 'correct in his logic' in suggesting that E, currently a class A drug, should be in a lower category than drugs such as heroin and cocaine.

The scientist, who chairs the Advisory Council on the Misuse of Drugs (ACMD) technical committee, writes: 'Why is ecstasy illegal when alcohol, a considerably more harmful drug, is not? When we consider that the possession of a drug that is much less dangerous than alcohol can lead to a seven-year prison sentence, whereas alcohol use is actively promoted, perhaps David Cameron did not go far enough.'

But Professor Nutt's comments have enraged drugs prevention charities, who say he is wrong to compare the harm caused by drugs such as ecstasy with the effect on health from excessive drinking.

'Ecstasy kills at random and there is a lot of cumulative harm,' said David Raynes from the National Drugs Prevention Alliance. 'Although there is a lot of harm from alcohol, very few people just die from drinking alcohol, but they do die from taking E. If the Government does downgrade E, then it sends a signal that it's less harmful than it was before.'

S. Goodchild, *Independent on Sunday* (7/5/06)

Success of Swiss Drug Policy Puts Pressure On UK To Act

British drug charities last week called for the Government to abandon its tough approach to heroin use after research showed one European city has cut the number of new addicts by transforming the image of heroin into a 'loser drug'.

The UK should follow the example of the Swiss capital Zurich, which adopted a liberal drug policy a decade ago, and has seen an 82 per cent decline in new users of heroin, experts say.

The change has been achieved by offering drug addicts in Switzerland 'substitution' treatment with injectable heroin on prescription, as well as oral methadone, needle exchange and 'shooting galleries; where they can give themselves their fix.

The new approach has medicalised drug use and removed its glamour, researchers say. Crime and deaths linked with drugs have fallen and the image of heroin use has been transformed from a rebellious act to an illness that needs therapy.

'Finally, heroin seems to have become a lower drug, with its attractiveness fading for young people,' Carlos Nordt of the Psychiatric University Hospital in Zurich said.

The Laucet, which published the research last week, accuses the UK Government of resisting reforms, such as the introduction of drug consumption rooms which increases Britain's death rate from illegal drug use, the highest in Europe.

Their introduction was first recommended in 2002. Last week, a report from the Joseph Rowntree Foundation, backed by police chiefs, urged the Government to act.

'After four years and thousands of needless drug-related deaths, a thorough trial of drug consumption rooms is a requirement the Government cannot afford to refuse a second time,' *The Laucet* says in an editorial.

Sunday Canberra Times **(4/6/06)**

A Guide To Coping

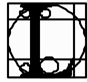
Our family education kit *A Guide To Coping* is receiving acclaim across the country. Many professional agencies have praised the soundness of the information and strategies contained in the kit. This revised edition contains extra information and fact sheets introducing the new model of family coping 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: **(02) 4782 9222**

Harm Reduction: Dispelling The Myths

Dr Richard Di Natala, *The Hep C Review* (June 06)



Legal and illegal drugs cause harm. Responses that focus exclusively on reducing drug use have failed. On the other hand, harm reduction strategies can and do work.

It has been an enormous year for illicit drugs. A rise in opium production in Afghanistan, a global methamphetamine epidemic, a debate over the dangers of chronic cannabis consumption, and a number of Australians arrested overseas in high profile cases. Schapelle Corby, the Bali Nine, Michelle Leslie and most recently the tragic hanging of Van Nguyen mean that the issue of illicit drug use has continued to dominate the national agenda.

There is no doubt that all drug use, both legal and illegal, has the potential for harm. There is the potential for overdose with illicit opiates such as heroin due to the unpredictable nature of the dose. There is the risk of idiosyncratic and toxic reactions that, although rare compared with the frequency of drug use, can cause harm in some individuals. The sharing of needles, sadly still common among some injecting drug users, is associated with the transmission of blood-borne viruses such as HIV and hepatitis C. More recently the possibility of an association between chronic cannabis abuse and psychosis has been described, although this potential link requires further research. Finally, substance dependence can develop after frequent drug use (not after first time injection, as is sometimes assumed), which impacts negatively upon the lives of many people.

As a community we have a responsibility to implement measures that have been proven to reduce these harms and are based on the best available evidence. The harm reduction approach, which is a central tenet of

Australia's response to illicit drug use, is just such a method. Harm reduction evolved in response to the rapid spread of HIV/AIOS among injecting drug users during the 1980s. It includes a range of strategies that aim to reduce harms to both injecting drug users and the wider community.

These harms include the social and economic costs of illicit drug use and HIV/AIDS, the legal costs associated with the justice system and the impact upon basic rights such as access to health care and social services. Harm reduction recognises that despite the risks associated with drug use and despite our best efforts, some people will not stop using drugs. Given this undeniable reality the primary objective of harm reduction is to reduce the harmful consequences of drug use, rather than focusing solely on reducing drug consumption and supply. The harm reduction approach includes a number of complementary strategies.

These include the provision of information and counselling to injecting drug users, the provision of drug treatment and drug substitution services, peer outreach programs and the provision, distribution and disposal of clean needles and syringes. More recently it has included access to safe injecting rooms and medically prescribed heroin to registered users. All of these approaches are supported by concrete evidence. Needle and syringe programs have been shown in a number of studies to decrease the transmission of HIV, hepatitis C and other blood-borne viruses.

The evidence is also clear that drug substitution treatment (such as methadone and buprenorphine) to heroin-dependent individuals reduces the risk of overdose and has beneficial impacts upon health, employment and general well-being. The evidence is also mounting that safe injecting rooms and heroin trials have produced positive outcomes for individuals and the broader community. The common retort that such measures 'send the wrong message' or encourage drug use is simply not accurate. The published literature is clear and unambiguous on this point.

The introduction of harm reduction measures such as needle and syringe programs and safe injecting facilities is not associated with an increase in drug use. In the same way that we do not deny smokers access to treatment simply on the grounds that this would send the wrong message, we cannot and should not deny drug users access to interventions that save lives.

Some governments have replaced criminal penalties for cannabis consumption with a system of civil penalties. Their critics argue that such changes send the wrong message. Again such arguments are unsupported by the facts. Evaluation of similar models has shown that the adoption of civil penalties for personal cannabis use is not associated with increased use of the drug.

Another popular perception among critics of harm reduction is that these initiatives are extremely unpopular among Australians. Again the facts

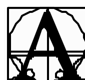
speak for themselves. Federal and state governments currently fund a number of harm reduction interventions (needle and syringe exchange, drug substitution etc.) throughout Australia and these have strong bipartisan support.

Interestingly, there was also significant public support in Australia for a heroin trial in the ACT in 1996, which did not go ahead only due to direct intervention from the Prime Minister. Harm reduction is an effective, pragmatic response to drug use. It reduces the harms associated with drug use, both to drug users and the broader community. Harm reduction does not increase drug use and it has the support of a significant segment of the Australian community.

To argue against harm reduction initiatives on the grounds of lack of effectiveness or that it sends the wrong message is simply to argue against some fundamental facts.

Methadone For Prisoners 'Saves Money'

***The Australian* (17/4/06)**



A study by drug researchers found that giving strictly controlled doses of methadone to inmates addicted to heroin not only cut re-offending rates but also cost a fraction of the expense of locking up prisoners for a year.

According to the analysis, funded by the National Health and Medical Research Council and said to be the world's first cost-efficiency study of a prison methadone program, treating one inmate with methadone for one year costs $3234.

As the cost of locking up an inmate is about $176 for just one day – or about $64,000 a year – methadone programs in jail pay their costs for a whole year if they cut a prisoner's subsequent jail time by just 20 days.

The study was conducted by the National Drug and Alcohol Research Centre and the Centre for Health

Economics Research and Evaluation.

Co-author Kate Dolan said a previous NDARC study had found that if inmates were in methadone treatment for at least eight months, the proportion sent back to jail within a year of release was 23 per cent. The proportion was 97 per cent among prisoners who had not been given access to methadone while in jail.

Most states already have methadone programs in jails, but some are extremely restricted. Ms Dolan said none were big enough to meet demand and called for their urgent expansion. Of the 8000 inmates in NSW, about 4000 had a heroin problem at the time of sentencing, she said. Of those in jail, 2000 inmates injected heroin, but just 1000 were on a methadone program.

Ms Dolan called for the NSW jail methadone program to be expanded from 1000 inmates to at least 1500. 'Ideally, (methadone programs) should be available for everyone who needs them, but I'm being realistic – I know how hard it is (to increase them),' she said. 'If we could get to 2000 ... that would be fantastic.'

A spokesman for NSW Health Minister John Hatzistergos said there was 'nothing to suggest there is significant unmet need' for methadone programs in the state's jails.

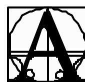
Statistics compiled in 2004 by the Australian National Council on Drugs, the Prime Minister's official advisory body on drug policy, showed some other states, particularly Queensland, had far lower rates of methadone treatment in jails than NSW. Just 45 prisoners out of a total Queensland jail population of 4721 had methadone treatment in 2003-04 – less than one per cent.

ANCD executive officer Gino Vumbaca backed the NDARC call for methadone programs to be expanded, but said other therapies, such as counselling and drug-free rehabilitation, should be made available.

‘We would assume there’s more than 1 per cent of Queensland’s prisoners who have a drug problem,’ he said. ‘If you are going to spend $60,000 a year to put someone in jail, you might as well spend a couple of extra grand to treat their drug problem.’

Needle Exchange Stoush

***The Manly Daily* (21/4/06)**



needle and syringe program in Manly, Sydney, has been described as ‘hideous’ by Cr Pat Daley, who wants it moved to Manly Hospital.

He told a Manly Council meeting he wanted to see a special unit formed at the hospital to tackle drug issues and mental health.

He said Manly RUSH on Pittwater Road, a centre which provides injecting equipment and other public health initiatives, should also be moved to the hospital.

‘We should take the opportunity to have a wide ranging review of all services on the peninsula, including the hideous facility RUSH,’ Cr Daley said.

But Cr Brad Pedersen described Cr Daley’s views as ‘extremely paranoid’.

‘It’s a very good facility which provides a good service. There is no doubt the spread of serious diseases including AIDS and hepatitis C would increase without this,’ Cr Pedersen said.

‘Are we simply keeping people on methadone, on drugs and exacerbating the mental health problem on the peninsula?’ he asked.

Cr Daley said RUSH could be relocated at the hospital under structured supervision and users could be taken there on the council run ‘Hop, Skip and Jump’ bus.

But Mayor Peter Macdonald said Cr Daley should be ashamed of himself for constantly attacking drug programs in Manly.

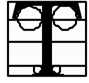
‘It is so important to have these in our community,’ Mr Macdonald said.

‘It is proven that needle exchange programs and methadone clinics are best located discretely in the community.’

A Northern Sydney Central Cost Health Service spokeswoman said RUSH did assess and refer clients to drug treatment programs and ran education projects in addition to the needle and syringe program.

Abbott Drugs Slur Raises Opposition's Anger

***Canberra Times* (15/6/06)**

here were angry scenes in Parliament yesterday when Health Minister Tony Abbott accused Labor Leader Kim Beazley and his frontbencher Julia Gillard of being soft on drugs.

Ms Gillard, Labor's health spokeswoman and manager of Opposition business in the Lower House, demanded Mr Abbott immediately withdraw his comments.

'This is a disgraceful slur on the Leader of the Opposition,' she said.

And fellow Labor frontbencher Anthony Albanese accused the House Speaker of being too lenient with Mr Abbott, whom he said was clearly intent on causing trouble.

'He [Mr Abbott] once again has been the cause of this House going into disorder, and once again it's someone on this side of the House who has paid the price,' Mr Albanese said.

It comes just a few weeks after Ms Gillard was thrown out of the House for referring to Mr Abbott as a snivelling grub. Mr Abbott had escaped penalty for saying the same thing about a Labor frontbencher just days earlier.

Yesterday, Mr Abbott was forced to withdraw his comments straight away, after declaring Mr Beazley and Ms Gillard were soft on drugs. He quoted comments from Mr Beazley, saying it was wrong for the Prime Minister to stand in the way of the NSW Government's safe injecting rooms.

'This is someone who supports safe injecting rooms; this is someone who doesn't back the practical policies of this Government to crack down on illicit drug use,' Mr Abbott said.

'I'm not surprised that the member for Labor [Ms Gillard] should suddenly wax indignant on this

because, you know, she's just as
soft on drugs.'

Mr Beazley later strongly denied
he was soft on drug use.

Reflection

One day you might think . . . well
I walked on the edge and
Tried at least everything once
I tested the boundaries
But I survived
And . . . One day you might think
I danced with the dragon
He tried to take my soul
But I fought and got it back
And I hope
That one day
Your life will be clear
The black cloud really has lifted
You might even reflect
'How did they ever do it?'
I know they really loved me . . .

Mum (May 2006)

You And Me

I often wonder these days . . . Who am I?
I often wonder these days . . . Where am I?
I never wonder these days . . . Why?

You are on a journey
You don't know where that journey will lead
You wonder if you will survive that journey.

You may not know it, but you do have
The strength and courage to survive that journey.

I do know I will always be there for you

I do know I may not always be there for you in body
I do want to know that my love and spirit
Is always with you
I do want you to know and believe that will always be so
You and me, we will survive this.

Dad (May 2006)

Memorial Corner

To remember loved ones who have lost their lives to illicit drugs

For inclusion on this list, please call the office on (02) 4782 9222

Given Name	Family Name	Date of Birth	Date of Death	Age
Peter	Anderson	03/02/1969	12/08/1999	30
Mitchell James	Back	12/09/1982	12/07/2003	20
Melanie	Barasso	21/02/1975	23/09/1993	18
Linda	Bartell	23/05/1982	17/08/2000	18
Dean	Berg	03/04/1976	10/09/1997	21
Karen	Berry	28/01/1981	11/07/1998	17
Chay	Bresingdon	20/12/1975	27/08/1998	22
Paul	Brown	07/07/1962	31/07/2000	38
Natasha	Burridge	04/03/1967	08/09/2000	33
Jennifer	Burton	26/07/1979	06/08/1998	19
Justin	Byrne	07/08/1954	08/09/1998	44
Jennifer	Campbell	29/10/1960	17/09/1998	37
Phillip	Daley	23/05/1958	17/09/1994	36
Greg	Davies	08/03/1973	13/08/1994	20
Joseph Anthony	Deane	22/10/1974	01/07/2001	26
Andrew	Doyle	08/10/1975	08/09/1998	22
Michael	Drakes	09/07/1985	25/08/2004	19
Sunny Beth	Dryden	14/01/1972	16/07/1998	26
Tony	Duncan	15/12/1962	31/07/1998	35
Scott	Dunkley	26/10/1970	14/08/1999	28
Graeme	Flanagan	30/11/1960	29/09/1998	37
Aaron	Girardi	18/12/1970	23/07/1994	23
Linda Louise	Golding	26/10/1972	02/07/2002	29
Scott	Greenbank	14/08/1964	02/08/1994	29
Louisa	Hansen	08/06/1958	31/08/1997	39
Anthony	Hill	20/07/1972	21/09/1995	23
Kylie	Hitchcock	20/04/1977	26/07/1998	21
Lawerence	King	23/10/1983	10/09/1997	13
Leigh	Mathieson	28/03/1952	20/08/1988	36
Shane	McGregor	20/04/1975	07/07/1998	23
Brendon	McIver	20/03/1976	21/08/2003	27
David	McNamara		25/07/1994	24
Dylan Emmanuel	Parkins	23/05/1974	14/08/1996	22
Luke	Paton	03/05/1974	13/09/1998	24
Edita	Poljuha	01/06/1976	20/08/1998	22

Wayne	Russell	04/11/1956	17/07/1995	38
Tony	Ryan	06/09/1956	27/08/1997	40
Mark	Ryan	26/06/1960	28/07/1983	23
Ryan McKaig	Santos	07/06/1973	13/09/1998	25
Gregory	Schultz	28/11/1976	22/09/1997	20
Ian	Stewart	17/02/1954	19/09/1996	42
Robert	Stewart	06/03/1965	02/07/1999	34
Paul	Strathern	20/09/1961	24/08/1998	36
Bernard	Thompson	20/11/1963	30/08/1984	20
David	Valmadre	06/01/1970	25/07/1994	24
Randy	Walker	14/01/1960	22/09/2002	42
Grant	Weir	13/12/1975	03/09/1999	23
David	Wilson	15/03/1977	27/09/2000	23
Trevor	Wilson		01/09/1998	26
Leigh	Wood	10/12/1956	10/08/1989	32
Adam	Wright	01/01/1972	29/08/1998	26
Chistopher	Wright	13/02/1978	24/08/1996	18

Safe Injecting Facilities: Everyone Benefits

Drug users need a safe, clean environment where they can use drugs without judgement, where safe injecting procedures are followed and where advice, counselling and medical treatment are available,' said Julia Irwin MP today, member for Fowler (NSW) and a member of the Australian Parliamentary Group for Drug Law Reform.

'The Sydney Medically Supervised Injecting Centre is the first injecting centre established in Australia and has been running since May 2001. The Centre helps to reduce health problems and mortality associated with drug use, the transmission of blood borne diseases such as HIV and hepatitis, and gives people who inject drugs better access to drug treatment, health and social welfare services. It also reduces the so-called public nuisance associated with injecting drugs in public places.

'An 18 month trial saw a reduction in overdoses, a decrease in the appearance of drug use in surrounding areas and acted as a gateway to drug treatment to a number of clients,' said Mrs Irwin.

'A safe injecting environment and clean facilities and needles should also be available to injecting drug users in prison. Australian prisons lag significantly behind the general community in terms of programs for drug users. Without access to clean needles prisoners using drugs are at a significantly higher risk than the general public, compounding the increasing incidence of HIV and Hepatitis C amongst the prison population.

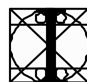
'Needle exchange trials in European prisons have seen stable or decreased drug use over time, a significant decrease in needle sharing which

became virtually non-existent at the conclusion of most pilot studies, and no serious unintended negative consequences have been reported.

'Harm minimisation is a public health issue as much as a legal one. So safe injecting environments not only reduce the possible harms faced by drug users, they also help to improve the general health of the community. They are simply good sense and good public policy,' said Mrs Irwin.

Clinton Denies The Obvious On HIV

Dr Andrew Byrne, Dependency Medicine, Redfern

n the US, CNN aired a prime-time program on HIV on Saturday 29 April 2006. Its topic was world eradication of this epidemic yet the content was surprisingly thin and limited. Hosts were the long-serving CNN (and New York Times) doctor-at-large Sanjay Gupta and Bill Clinton, who has taken a high-profile and personal interest in the subject.

Any hopes of this program being a useful contribution were quickly dashed. Even with the involvement of a committed and informed person of President Clinton's status, the facts were glossed over and the entire program had an air of unreality. It was held in a church with gospel singers, an odd decision in my view for a supposedly serious presentation on public health and epidemiology. Even more distressing is that at least one mainstream church has contributed to the extent of the epidemic by banning condom use, even in marriage. And a church spokesman had the effrontery to address this audience on the 'benefits of abstinence'.

The use of a particular church for the program's venue may also have offended some sensitive Christians, Jews, Moslems and even atheists, many of whom must feel strongly about the subject but not be too keen to be associated with formalities of other faiths.

The program looked as if random people stood from the audience to speak yet it would appear that each was carefully chosen. One of the first was a spokesman for the pharmaceutical industry which is telling.

Mr Clinton had already said some 'softly' things including the gratifying reduction of the price of some antiviral drug courses from $400 to $300 in response to humanitarian calls. Mention was made of the enormous commitment

of the industry to research. No mention was made of running treatment trials using placebos for some subjects in the third world, nor of why treatment in Canada and Mexico is so much cheaper.

A young female victim stood to tell us about the futility of telling young people in impoverished regions about the benefits of sexual abstinence. She explained that it was 'fun' and 'for free', and hence the need for education and protection for all young people.

Some alarming statistics were given by President Clinton and it was pointed out that there are still more HIV transmissions in the United States every year. Yet the words 'needles', 'syringe', 'gay', 'methadone' were strenuously avoided in over an hour of palaver. While it is an on-going tragedy, no mention was made of the ability of simple public health measures to prevent transmission of HIV.

The US uniquely spends large sums on banning needles and syringes, a policy which neither reduces drug use while at the same time facilitating continued spread of contagious diseases benefiting nobody except drug companies and funeral homes.

This television 'special', far from informing the American public or overseas CNN cable viewers, clearly resulted in keeping its audience in the dark about the basic facts of this modern epidemic. It would seem that 'freedom of the press' gives unique immunity in the US. It ensures neither balance nor truth.

Don's Book Review

In My Life
Moya Sayer-Jones (ed.)
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Rarely does a book like this emerge, and when it does you'd anticipate a massive response. One must hope that, as the book gains attention, the

response will follow in relatively increased proportion. Sayer-Jones is the head of a committed team and has brought together a set of 'interviews', based very much on what is taught to the facilitating telephone team which forms the backbone of FDS.

The book's substance is not so much 'interviews' as monologues, prompted by the kind of caring and professional leading and encouragement of dedicated listeners. A woman may weep for her son; another may mourn her daughter. A husband, a wife, a son, a daughter, a grandparent, an aunt or an uncle, a brother and a sister, the victims themselves maybe, and a multitude of friends . . . they make up families, and contribute to a book very much redolent of the essence of, and indeed the *raison d'etre* of, our own organisation.

I'm sure that Tony has already earmarked this beautiful book to be a part of his future training sessions. The 'stories' represent so many of the tales we hear from amongst our friends in the organisation and those we hear and must cope with on the phones.

The episodes' titles provide the key to the entire production:

The Power of Love
Everybody's Talkin' at Me
Never Black and White
Sweet Child o'Mine
The Three of Us: A Conversation
All in the Family
He My Son
Stand By Me
Round and Round We Go
I Wanna Hold your Hand
Brothers in Arms

Is it just me, or do these chapters all evoke songs in your mind too? I mean, some of them are obvious (and the movies or stories behind them too), but every one drew reactions and memories from me in one musical way or another. Maybe it's because music is so much a part of our human response to our problems, especially to our emotional difficulties.

Holding hands, talking (of course), standing at hand to help (*being there*), things that once seemed so simple proving to be neither black nor white . . . these are the substance of our better pop songs and of our folk songs.

And especially families. Families and their support. Like it or not, family is where the home is. One of my favourite definitions is that of family: *it is where, when you go there, they have to take you in*. Usually true. We say we won't, but we do. We go right on with it.

Hope. Optimism. Despair. Pessimism. All there in this book. All evident in these stories from the heart. Been there, most of us. How do you go lower, higher, or deeper than these from-the-heart responses?:

I think the only explanation I have for hanging in there all these years, is that I have learned to hold onto unrealistic levels of hope. I can still remain hopeful in a really hopeless situation.

I don't think there's much a parent can do except continue to love that person.

It's a really difficult time when you're holding the secret: you're putting on these different faces for everybody. *I found this compassion everywhere. For all the people who let me down, or who said they would help or didn't, or who kept me waiting, there were angels.*

You feel like you're on egg shells.

. . . *Because we do grieve you know, for all the hopes and dreams and stuff we've lost* . . .

And maybe the most telling, the most incisive of all the wonderful and meaningful comments of so many afflicted people and their families:

Until our community gets its head sorted out and treats addiction for what it is, an illness not a crime, we'll continue to have problems.

This is a glorious book that doesn't hold back, a book that says it all, a book which conveys a message of such importance that I find myself at a loss to understand why our community stands back, and that so many do so little and so few are left to do so much.

In My Life remains involved, yet delicately poised, non-judgemental, and above all things human. A wonderful guide for our future trainees, and a sobering, readjusting look at the real world for the rest of us.

To finish with appropriate reference, borrowing from another wonderful song of recent times (*Bui Doi*, from *Miss Saigon*), let's not forget *they are all our children too*.