

Feb – Mar 2007

INSIDE THIS ISSUE

I Know A Girl, A Beautiful Girl	1
Casualties Of Election Promises	2
Robotripping	3
Letter To FDS	4
Insights Out	5
Youth Drug Support eHealth	6
Concord Dependency Seminar	7
'No' To 2am Closing	10
Worst For Drink -Driving	10
Gratitude	11
I Went To A Party, Mum	12
Drugs & Prison Handbook	12
Drink To Your Health	13
Receive FDS Insight By Email	14
Injecting Room No Honeypot	15
Drug Centre A Force For Good	16
Volunteers Corner	16
Don't Follow Me	17
Addicts To Lecture On Psychosis	18
Recovery Program At Risk	19
Methadone Alternative	20
Daily Cycle Spiralling Downwards	20
Memorial Corner	21
Events Diary	22
DFA Intolerance	23
News From Overseas	24
Don's Reviews	41
A Guide To Coping	46
Thought Of The Month	46
FDS Website	46
Need Help	47
Family Support Meetings	48

Family Drug Support
PO Box 7363, Leura NSW 2780
Ph: (02) 4782 9222
Fax: (02) 4782 9555
Website: www.fds.org.au
ISSN: 1833-4997

I Know A Girl

A Beautiful Girl, Beautiful Inside And Outside.

I Love This Girl

This girl has been on a very long, hard journey. She had a loving, stable upbringing. Her father's eyes shone whenever she was near, her mother beamed with pride in her presence and her younger sister had so much love for her it oozed from every pore.

There came a time in this girl's young life when her innocence was ripped from her very core. A series of events changed this girl's life forever. She was torn, torn from herself, from her family and from her future dreams. She had no choice; it was something that she was powerless to fight.

I know this girl; she is beautiful inside and outside. I love this girl.

The wounds from these events were only ever bandaged. Very lightly bandaged and when the bandages become loose they were only ever readjusted. The wound underneath remained, and became deeper.

The bandages were wrapped one over the other until the wound underneath was almost forgotten and the bandages themselves became the focus of this girl's attention.

The bandages were bound in a number of ways but they were all there for the same reason. The pain from the wound needed to be numbed; the memories of the wound needed to be faded out of sight and out of mind.

If this girl can only find someone or something to take away the pain, however briefly, she will accept, oblivious to the ever-thickening bandages that are still piling up.

She can't see that the ever thickening bandages are preventing the wound underneath from healing, if only the wound could be seen for what it is, let it breathe, let it form a scab, let the scab drop off until the only sign of it is a tiny scar that can only be seen when the light shines on it at a certain angle.

The wound seems to have dropped into the background, it is now ignored

and when the girl looks into the mirror, she sees no reflection. She only feels when she looks into the mirror. She feels anger, hatred, resentment and a longing that one day she will see the reflection of the woman she dreamed she would be when she was only 13 years old.

When she was a young teenager she did have dreams, she wanted to do so many things. She is now 30 and has spent the last 15 years of her life wishing things were different, trying to look for herself but too scared of what she might see. Not wanting to think that her actions now can affect her future. Not seeing that life has rules for a reason. She needs to clear the fog to be able to see them.

I wish that she wasn't scared; I wish she could trust herself.

I know a girl, a beautiful girl inside and outside. I love this girl. This girl is my sister.

Casualties Of Election Promises

Call To Action By FDS Members And Volunteers

Tony Trimmingham

There are to be two elections this year in NSW – State and Federal. These elections will be very important to FDS, but more significantly, to the broader community, especially for those affected by drugs. FDS does not have any particular political alliance and our members probably vote across the political spectrum. We have friends (and those not-so-friendly) in all

political parties. We do believe, however, that many politicians are misinformed and sometimes ignorant in matters related to drugs. Some policies are formed without any regard for evidence or compassion. Mr Debnam's stance on the injecting room is a case in point.

It is also offensive that some parties purport to stand for all families and

offer drug policies that would be totally opposed to those whose family most closely affected would adopt. I make particular reference to the *Families First* drug policy.

I don't claim to represent the views of all FDS members but I do believe I can speak for the majority of affected families and can express their concerns. Therefore, I am asking you to assist in a bit of political activism leading up to the elections.

I would like to see three things put into action by FDS members and volunteers:

1. Firstly, a group of family members who would be willing to come with me to NSW Parliament and lobby politicians. Key targets would be the Liberals and the cross-bench independents.
2. Secondly, I would like to collect letters from as many family members as possible expressing their concerns about the proposal to close the injecting centre (see attached sample letter).

3. And lastly, I would like members and volunteers to also write to their local candidates and the local media.

Would you please ring the office on 4782 9222 to let us know how you can help. A coordinating group would be very helpful.

The injecting room saves lives, has cleaned up the Cross and is a vital point of access for users to health and social workers. It is also a very significant symbol and to lose it would be a major step backwards. It may also be a wedge that could result in other harm reduction measures under attack, such as methadone, needle and syringe programs. There seems to be a definite move to focus on abstinence only, morality-based treatment and policies.

It is incredible that with all the weight of research evidence, we continue to follow the idea: 'If it's not working, let's do more of it!' Please get involved – even in a small way.

Robotripping

The term 'Robotripping' is permeating Australian culture and thus requires clarification. This term is not associated with heightened aggression, such as flunitrazepam [Rohypnol], which gave us slang such as 'Rambos' and 'Ro-aggro'. It is not associated with the idea or concept of drug induced robotic autonomy, robot like stupours

or 'Robo-cop', which suggests indestructibility, semi-human aspects, and a dulling of empathy. It broadly refers to the abuse of prescription [Rx] medication. Rx meds are erroneously referred to as 'Over the Counter' [OTC] meds, by some demographics in the country of origin, of this term.

In strict terms, Rx of medication is not required to secure OTC meds. Cough medication is a typical OTC worldwide. However, USA marketing of Rx medication is aggressive and securing the Rx a mere formality. Thus the distinction is oft' a moot point. Robotripping is derived from the abuse of the cough medication

Robitussin and has embraced the phenomena of growing abuse of all OTC meds.

Relevance to readers: It is highly likely this term will be used out of context to describe the abuse of non-prohibited drugs in all developed nations.

Letter To FDS

Back in July, my husband and I attended the 'Stepping Stones to Success' program with Theo Chang. Shortly into the program, we realised what a pleasant man and a wonderful councillor Theo is. From the very beginning we felt comfortable, especially my husband who finds it quite hard when dealing with emotional issues.

We were a group of 16 of different backgrounds and yet we felt not like strangers at all due to our common bond. The program was amazing. We are glad to have attended. It has given us a sense of direction and strength that we did not have before. We have always tried to be patient and we thought used common sense but so often we were as confused as to which way to go.

We have set new boundaries that are working, new ways of communicating. We have finally understood why we did listen, yet did not understand at all how to listen. Our constant advice giving and constant pointing out how we do things seems still a challenge to us but

now we do hear it so loud and clear that we remind ourselves to pull back.

Our daughter has been struggling for over nine years with addiction and there is no end in sight. First heroin – then marijuana – now alcohol. Seems back to front however that is how it is.

In the past, we believed we would only be happy for her and us if she could get off everything a 100%, we now know that success is what we have achieved so far. She continues to seek help. Some days are good – some days are not. That is how it is. I could insert here many more pages but know for sure there is no need – you know where we are coming from.

Thank you doesn't seem enough but it's meant most heartfelt for the opportunity to participate in this course.

Tony, we've seen you on television in the year 1997. Our son got married and we had a wonderful wedding. Unbeknown to us, it was in the same year and the same month that heroin

found our daughter. Soon after, I saw you on television for the first time and said to my husband, what courage to come out with something so horrible and so painful. So glad you did, little did we know that we

would be knocking on your door asking for help all these years later. Thank you. Christmas is only around the corner so may we wish you and all your team a peaceful and save festive season.

INSIGHTS OUT

A Happy New Year to everyone. I hope you all had a happy, peaceful family holiday season.

I am really hoping 2007 is going to bring positive changes in so many areas – especially those related to drugs and families.

Starting the year on a positive note, I want to announce that Sandra and I are getting married on 24 March. We feel that after 12 years together we have had enough practice! We have both been through some tough times over these years and now that we are ensconced in our lovely Mountains home with our dogs, we feel it's time to celebrate our relationship.

Sandra has been by my side through the toughest times anyone can go through, and without her support I don't know what would have happened to me. All this while she was confronting difficulties in her own life. We have faced these things together and somehow come through. Relationships are never easy and we have our difficulties – like most couples – arguing is the main hobby we have in common!

It's also true to say – and I've said it many times – FDS is composed of four elements: head, heart, blood and body. If I am the head, the members are the body, the volunteers the blood, then Sandra is the heart. FDS needs all these elements but surely the one we couldn't do without is the heart. So I am pleased to be celebrating our marriage with a party!

It's also great to know that things are happening in Queensland again. Theo – after running a workshop late last year in Brisbane – is now in the middle of a 'Stepping Stones' course with 13 participants. It is now likely that the regular support group will take off again.

You will note that I have written elsewhere about politics and I hope many of you will fly the flag in the upcoming elections.

For those who haven't paid your subscriptions, this is your last chance – don't miss out on future editions of FDS Insight.

Cheers for now – Tony T

Youth Drug Support eHealth Website

Rationale

Family Drug Support is developing a youth specific alcohol & drug service that recognises that young people, aged 12-25, need access to factual information, appropriate referral to support services and a space for communication via the mediums which they readily access, through the internet & SMS technology.

As a result, the Youth Drug Support (YDS) eHealth promotion is being developed with the direction of young people and will add another spectre to the services that Family Drugs Support currently provides. Phase I will be the development of a website and Phase II will include the implementation of health information via SMS technology.

YDS Objectives

The youth eHealth promotion objectives are:

- To provide young people with access to health and safety information through the application of technology.
- To increase young people's confidence with the issues they face through the provision of a confidential Q&A service.
- To increase the dialogue of AOD issues amongst young people and

other concerns through the mediation of a bulletin board/chat room.

- To increase the number of support services being accessed by young people through referral.

Promotion

- The YDS project will be developed with branding to provide a consistent imaging and language.
- A print media campaign will be employed and distributed to youth agencies.
- Promotion will occur via traditional youth networks – school, youth centres, youth advisory boards & youth employment programs.
- The youth steering committee will use popular internet chat rooms and spaces to promote YDS.

Timing

It is projected that the YDS website will operate from 1 March 2007. An official launch will take place during Youth Week, 14-22 April 2007. It is anticipated that Phase II will come into effect in July 2007.

Dependency In Gaols, Juvenile Justice & Drug Courts: Concord Dependency Seminar 21/11/06

Summary Compiled By G. Whitton, S. Jefferies & R. Hallinan

Dr Gilbert Whitton began by giving us an overview of the prison population in Australia, currently at 24,000 and rising by 5% per year, 50% of prisoners being recidivist and 20% aboriginal. Based on the 2001 Inmate Health Survey, there are high rates of intellectual disability, and mental illness especially depression. Histories of sexual abuse and of head injury are common. Specific figures are not available for ADHD or personality disorders in NSW prisons, but these are prevalent as are substance use disorders.

Eighty per cent of prisoners are smokers (though 80% of them report that they are interested in stopping); one third of women and half of men have used alcohol at hazardous levels. Cannabis is the most common illicit substance of dependence, followed by amphetamines and then heroin. Hepatitis C prevalence rose from 34% to 40% between 1996 and 2001.

Among police detainees, 20% are affected by amphetamines, 20% by benzodiazepines and 10% by heroin at the time of arrest. Three quarters of prison sentences are linked to drugs in some way, and 60% had offended while under the influence of drugs and/or alcohol.

Between arrest and reaching the facilities of the Department of

Correctional Services (after sentencing or on remand) the responsibility for a prisoner's health rests with the NSW Police. This applies in the holding cells of a police station, court cells (such as Sydney Central Court or in the Sydney Police Centre).

Justice Health is actually part of the NSW Health Department, not the Department of Correctional Services. A prisoner's medical records are therefore protected by the same confidentiality provisions as any one else's, and do not form a part of the prison records.

Seven per cent of the methadone population in NSW are in prison at any one time, though the turnover is higher, about 100/month. The risk of overdose is much higher on release from prison: 15 times higher if the person is released not on MMT, three times higher if released on MMT. Unfortunately, the Department of Correctional Services cannot offer methadone or buprenorphine at every prison in NSW, often for logistical reasons such as the legal requirement need to have two people present for dosing, one of whom must be a nurse.

The Department of Juvenile Justice has its counterpart in Adolescent Health, part of Justice Health. Dr Whitton described the increasing activities of the Adolescent Health

service, covering smoking is a high priority. There is a black market in cigarettes as these are prohibited in Juvenile Justice facilities. Methadone or buprenorphine treatment requires a second medical opinion for those under 18 years.

An old saw about people in prisons is: 'If the drugs came before the crime, there is hope, but if the crime came first there's little hope'. Dr Whitton gave evidence of very early histories of alcohol and cannabis use in the teenage prison population.

Sue Jefferies, who previously worked in the prison medical service joined the Drug Court in 1999. She informed us of how Drug Court operates under the Drug Court Act which allows convicted offenders to be diverted into programs to reduce substance dependency and related crime. The aims are to reduce incarceration and the need to use substances, and to increase involvement in treatment.

Eligibility criteria are:

1. DSM IV for opioid dependency
2. A prison sentence must be likely
3. Non-violent crimes only considered
4. If there is a previous history of violence, especially driving related, a risk assessment is required
5. The person must live in a designated area – currently western Sydney
6. No current serious mental illness

A typical program involves parole, attendance at groups, counselling and substitution treatment for a minimum of a year.

People can be breached for non-compliance; being sent back to prison for a period of time – for practical reasons a 3-day spell may be stored up and added to other 'penalties' all to be served in one episode. Urine toxicology is performed three times a week. Actual titres of cannabinoids are used, and in consultation with a toxicologist conclusions are drawn about recent cannabis use. Some leniency is shown at first, but abstinence may be required. This fascinating area of differential or quantitative urine toxicology will be looked at in a Concord seminar next year.

Since 1999, there have been 1200 people enrolled in the program. There are 270 out of prison having completed the program successfully, and another 370 returned to serve their sentence.

The Drug Court is distinct from the MERIT program, which is a pre-sentence program for 'bailable' offences, administered by parole officers. It is a 3-month program, but the same principles are used, including participation in groups, counselling and goals monitored by strict urine testing.

Health professionals do not refer people to the Drug Court, but Sue Jefferies is keen that GPs and addiction specialists are involved to

ensure a smooth transition at the end of the program.

A compulsory drug treatment program has also commenced in NSW. Several case studies were presented in the second half:

A seventeen-year-old was given symptomatic withdrawal management and eventually started on methadone. The rate of induction reflected both the need for a safe protocol, which the doctor may have to write up without a medical review being feasible for a week or two, and the low risk of illicit opiate access in prison. A sad observation was that this person was arrested after spending many weeks trying unsuccessfully to get onto buprenorphine maintenance. With early treatment perhaps he could have been kept out of gaol.

The case entitled *'I had a liver autopsy in gaol but they stopped the interferon, dunno why'* raised the question about how to get medical records (such as liver biopsy and hepatitis treatment results) from a person's time in prison. Stephanie Smith, Public Health Nurse at Mulawa Correctional Centre and a regular Concord participant, advised us of the contact numbers to obtain medical records of people released from custody: Phone 9289 5011/5012/5013; Fax 9289 5014.

'It usually takes a few days for the files to get to records, which is located at Silverwater, so if they are recently released, you are best off contacting the clinic directly. I don't want to go to gaol, they'll make me the pretty boy

for sure'. The issue of male rape in prison is a real one. Apparently one judge responded to a pre-sentence plea for the risk of rape to be considered with the comment: 'Show me the evidence' (books and official reports have since been written on the subject).

We heard about an ex-prisoner's advice to threats of rape when arriving in prison. A young cellmate who had yelled out defiantly in response to threats of rape was the only one who got targeted. The usual advice is 'keep your mouth shut'. Many rapists are actually homophobic, and the rape is all about power.

Men who have been raped are often afraid or ashamed to report it. They may present to the clinic with complaints about their bowels instead.

'In gaol, they used to punch me in the gut to spew my methadone so they could shoot it up.' We were advised that this sort of thing is quite real. Another graphic example of the need to 'get stoned' in prison: woman may strap a tampon to their back of teeth and swallow it before dosing to absorb the methadone from the stomach. The product can be filtered through a kitchen scour. Diversion of buprenorphine is likewise a big problem, and sometimes requires a transfer to methadone.

One question showed some ignorance about typical prison conditions: Do people get a cell to themselves? The answer given was a definite 'NO'.

'No' To 2am Closing

R. Woolley, *Manly Daily*

Almost 60% of people believe Manly pubs should not be closed at 2am, according to a survey conducted by *The Manly Daily*.

A total of 262 people took part in the survey controlled by Ireckon and placed on the *Daily's* website, which allowed only one vote per person.

When posed with the question: 'Should Manly pubs be forced to lock out patrons from 12.30am and close at 2am?' a total of 5% – some 152 people answered 'No'.

Manly councillor Jean Hay said she was not surprised by the result of the survey, which ran from 26 September to 1 October.

'A number of friends in my age group have said they did not want the late-night venues closing early in Manly,' she said.

'They think it's safer for their children to come to Manly than to go to the city.'

The *Daily's* poll showed a different result to a telephone survey conducted by Manly Council as part of the Manly After Midnight process.

That poll – in which 1000 people took part – found that 65% of participants wanted licensed premises to be closed before 2am.

Cr Hay said she had 'always had misgivings' about the way that survey was conducted.

'Honestly, I do not think the majority of people think Manly is as unsafe as the mayor and (some) councillors are making it out to be,' she said.

Worst For Drink-Driving

J. Morcombe, *Manly Daily*

The northern beaches area has the worst drink-driving record in Sydney with a 27% jump in the number of offenders in the last month alone, statistics show.

Figures compiled by the Northern Beaches local area command also reveal those most likely to be caught drink-driving are, surprisingly, not

younger drivers but men in their 30s from Dee Why and Avalon.

And while the number of people caught has fallen from 801 to 670 over the past three years, the area remains the worst in metropolitan Sydney and the seventh-worst in the state.

Police continue to express their frustration that the drink-driving message is failing to get through with the number of drivers caught this month up 27% on December last year, from 44 to 60.

The statistics show 801 people were caught drink-driving in 2004, 719 in 2005 and 670 so far this year, with mid-range drink-driving the most common charge.

Despite the drop, the Northern Beaches is also the only metropolitan area in the top 10.

Men outnumber women by three to one and the worst age group is those aged 30-39, followed by those aged 40-55.

Northern Beaches duty officer Inspector Dave Walton said drivers from Dee Why and Avalon were by far the worst, followed by those from Narrabeen, Newport and Mona Vale. He said police would be out in force on the roads for the rest of the holidays.

Gratitude

I am very grateful to the Stepping Stones program

This is a place I can come, I can share my real feelings and not be judged

Stepping Stones teaches me to be good to myself and take care of me

Stepping Stones teaches me to get a balance in my life

So that I can have healthier and happier relationships with family and friends

Stepping Stones shows me that I don't have to go on this path alone

That it is OK for me to reach out and ask for the help that I need

I also have people around me that also have loved ones that have drug problems

Who also need someone to listen to them and support them without judgment

I know as my loved one can have lapses that I too can

I know I need to keep on the Stepping Stones path for myself and others around me

I am very grateful to those who take the time to support and educate others

Thank-you to Stepping Stones and FDS from a grateful mother/grandmother

Stepping Stones Participant 2006 – Geelong

I Went To A Party, Mum

I went to a party, mum
And remembered what you said.
You told me not to drink, mum
So I had a coke instead.

I felt proud of myself,
The way you said I would,
That I didn't drink,
Though some friends said I should.

I made a healthy choice,
And your advice to me was right,
As the party finally ended,
And the kids drove out of sight.

I got into my car,
Sure to get home in one piece,
I never knew what was coming, mum
Something I expected least.

Now I'm lying on the pavement,
And I hear the policeman say,
The kid that caused this wreck was
drunk,
Mum, his voice seems far away.

My own bloods all around me,
As I try hard not to cry,
I hear the paramedic say,
'This girl is going to die.'

I'm sure the guy had no idea,
While he was flying high,
Because he chose to drink and drive,
Now I would have to die.

So why do people do it mum?
Knowing it ruins lives,
Now the pain is cutting me,
Like a hundred stabbing knives.

Tell sister not to be afraid, mum
Tell Daddy to be brave,
And when I go to heaven,
Put Daddy's girl on my grave.

Someone should have told him,
That it's wrong to drink and drive,
Maybe if his parents had,
I'd still be alive.

My breath is getting shorter, mum,
I'm getting really scared,
These are my final moments,
And I'm so unprepared.

I wish that you could hold me, mum,
As I lie here and die,
I wish that I could say I love you
mum,
So I love you and goodbye.

Drugs & Prison

A Handbook For Families And Friends Of Prisoners

A comprehensive 80-page resource to assist families of prisoners has been produced by Family Drug Support. The booklet, compiled by Alison Bell, contains information on many matters including drug treatment in prison, search procedures, visiting regulations and release information.

The booklet is available to FDS members of \$2.50 – post-free. Contact the office on 4782 9222 if you would like a copy.

Drink To Your Health And Make The Silly Season Safe

F. Stanley, *Sydney Morning Herald* (22-24/12/06)

Like many other Australians, I'll be celebrating on Christmas Day with a drink or two. But I have to tell you that I find deeply disturbing the frenzy of hazardous binge drinking that appears to accompany our festive season.

What drives this strange relationship that Australians seem to have with alcohol? I'm talking about the highly destructive swim-throughs that are seemingly entrenched in our culture as something to be celebrated.

For public health professionals, there's no doubt that alcohol presents us with a dilemma. The message that we give on substances such as tobacco and illicit drugs is very clear – any amount will do you harm. With alcohol, it's not that simple. The reality is that while a little bit is OK (unless you're pregnant), if you drink a lot, even if it's just once a year, the results can be terrible, even fatal. Yet this legal drug is able to be aggressively advertised with no safety messages at all.

So let's put the risks on the table. Let's start with women, who we know are now binge drinking younger and more often. For pregnant women, alcohol has a teratogenic effect – that means it can cause birth defects. We know that the unborn baby's vulnerability varies at different stages of the pregnancy. What we can't say is exactly what level of alcohol consumption causes

irreversible brain damage and foetal alcohol syndrome.

All we can advise with certainty is that not drinking at all during pregnancy is the safest choice, and that if no pregnant women drank it would significantly reduce intellectual disability, attention deficit hyperactivity disorder, behavioural problems and juvenile crime.

Are there warnings about these lifelong consequences on the sweet alcohol pops that are marketed to women? Of course not.

There is no question that alcohol abuse has a profoundly negative effect on families. It is often a factor in domestic violence, poor family functioning, poverty, child abuse and neglect. Hazardous drinking is also linked to road crashes, boating accidents and work-related injuries. Then there are assaults, road rage and crime.

Figures from the National Drug Research Institute show that more than 80% of alcohol consumed by those aged 14 to 17 is drunk at high-risk levels for acute harm. And that in the 10 years from 1993 to 2002, an estimated 501 under-aged drinkers died from alcohol-attributable injury and disease caused by high-risk drinking in Australia.

While the rates of these problems in Aboriginal communities are also in the spotlight, the number of people affected is much greater in the non-indigenous population. They also occur in families across the whole socio-economic spectrum. In other words, this is everyone's problem.

So while I am happy to enjoy a glass of wine, by now you can probably tell my anguish for the families who have been torn apart by alcohol abuse and for the families left behind when a loved one dies on the roads because they've been drinking – or someone else has.

I feel for the children born with preventable birth defects or behavioural problems because their mothers drank during pregnancy, in a society that condones it. And I know that many victims and perpetrators of crime will also be blaming alcohol.

The alcohol industry will claim it does not encourage product abuse. But in my view, it does not emphasise the importance of drinking responsibly. Products are advertised relentlessly to people of all ages. Anyone watching the Ashes would have been exposed to heavy promotions for assorted alcoholic products. Did you know that when our winemakers export to the United States, they have to put health-warning labels on the bottles? That

same product is sold here without any similar warnings for the consumer.

So what can we do? Health labels, like those on cigarette packets, might be one option. At the very least it would raise awareness. Such labels are mandatory in the US, Canada, France and a number of other countries.

But we also need a comprehensive action plan to which we are all committed. The Australian Research Alliance for Children and Youth is examining the often unseen and unintended consequences of hazardous drinking. Our focus is primarily on reducing the effect on children and young people. Clearly, cultural and behavioural changes are needed and many organisations are working towards this end.

This is not about banning alcohol – it's about reducing the excesses and changing how Australians think about alcohol. If we could at least get to a situation where we could protect children that would be a good start.

Have a safe and happy Christmas. Enjoy the company of family and friends and, by all means, do enjoy a Christmas drink, but let's not cheer and gloat about how much was drunk.

Do you want your newsletter emailed?

From January 2007, FDS can email your newsletter.

If interested, please email to admin@fds.ngo.org.au

Injecting Room No Honey-pot For Crime

J. Pearlman, *Sydney Morning Herald* (22/12/06)

The supervised injecting room in Kings Cross has not increased crime or drug dealing in the area, a study has found.

The study, by the NSW Bureau of Crime Statistics and Research, found the number of thefts in Kings Cross dropped by 34% from 2002-03 to 2005-06 and there were no significant trends in drug dealing or possession since the opening of the injection room five years ago.

The Opposition Leader, Peter Debnam, who has been a strong critic of the injecting room, yesterday reasserted his pledge to close it immediately if elected.

'I have a very strong view that the injecting room promotes the use of drugs,' Mr Debnam said. 'My view remains that money going into the injecting room should be going into treatment for addicts. I have opposed the injecting room from the first day that the Labor Party introduced it. My view is that it should be closed.'

But the Police Minister, John Watkins, said the centre had saved up to 1800 lives and would stay open at least until the end of the trial period in October next year.

'Much to the disappointment of Peter Debnam, the study clearly shows that the medically supervised injection centre has not become a honey-pot for drug activity in the Kings Cross area,'

he said. 'The combined efforts of centre staff and pro-active policing have led to a significant decrease in drug addicts self-administering drugs in public places. And there is no evidence that drug-related loitering in the area has increased.'

The bureau found the only drug offences to increase since the extended operation of the injecting room in 2002 were possession and dealing of cocaine. The rates mirrored similar jumps across the state.

'The effect of the [injecting room] itself on crime or public health outcomes could change over time,' the bureau's study said. 'At this stage, however, there is little reason to believe the [injecting room] has had an adverse impact on recorded rates of acquisitive or drug-related crime.'

The bureau's director, Don Weatherburn, said police tactics had helped to keep crime down in Kings Cross.

'Police deserve credit for stopping any increase in crime as a result of the way they have used their 'move on' powers, which allow them to order anyone suspected of loitering for the purpose of a drug offence to move on,' Dr Weatherburn said. 'The drop in theft offences is not due to the opening of the injecting room but to the heroin shortage that immediately preceded it.'

Drug Centre A Force For Good

Letter To The *Daily Telegraph* (14/12/06)

I. van Beek, Medical Director – MSIC, Kings Cross

I write to correct misinformation about the Medically Supervised Injecting Centre (MSIC) at Kings Cross. Contrary to advice allegedly received by Tony Snow (Letters, 12 December), parents accompanied by children are not allowed to inject at the facility.

While an extremely rare occurrence to date (four per 100,000 visits), the MSIC prioritises child protection and accordingly reports all such presentations to the NSW Department of Community Services.

Regarding the concern that the drug 'ice' causes higher levels of violence and aggression in users when they walk out the door, the MSIC necessarily reduces such behaviours in the local community. By moving drug users who would otherwise inject

these same drugs in back streets nearby to a clinical facility, it is uniquely positioned to identify, contain and treat those with the early signs of methamphetamine-induced psychosis, thereby preventing its escalation and consequent public order problems.

Since May 2001, the MSIC has successfully treated 1941 drug overdose cases and referred people to a range of drug treatment programs on 2538 occasions. Meanwhile, ambulance callouts to overdoses in the area have decreased 84 per cent, and drug use and drug-related crime have decreased 30% to 40%.

The MSIC hopes to continue its efforts to improve the public health and amenity in Kings Cross in the future.

Volunteers Corner

Sad news all round I'm afraid. Collette and Hilary have both lost a much-loved parent and Michael L. suffered the great tragedy of the sudden death of his 29-year-old son.

Our hearts go out to those loved volunteers – we are thinking of you all.

Several volunteers have taken or are taking holidays – some to exotic places. Meryl has been blessed with the arrival of a first grandchild – Lexie – after a tough year.

That's about all the news – please let me know if you have anything of interest to report.

Sandra

Don't Follow Me

Don't follow me down this way, your youth passing you by,
Dizzy – not living, not thinking – living but not living. Existing.

Searching – no – hunting and stalking. Instinctive.

Hanging; waiting to get on – to get on to taste ... to taste.

Rushing to peak and to reach that high. Why, why?

Waiting for it – wanting it – don't follow me down this way.

This way is rough – the path is hard.

You, your family and friends.

It kills ... a slow gradual death.

Slowly but surely – you'll go down.

Don't follow me down this way.

The dragon is here – the dragon is there.

There is more than one.

A bottle, a race, a needle – power, wealth –

The greedy will lose. Don't go that way. Be strong, stay strong.

Live it – it's your time. But don't go down my way.

My dragon knocks on my door. I'm weak, soft, spineless.

It's stronger – more dominant. I don't try to fight it.

White death is my dragon. Live by it, die by it.

Fate will have the last say.

Don't follow me down this way.

Michael Patrick Howard

2/10/65 – 13/7/91

R.I.P.

Addicts To Lecture Cops On Psychosis

S. Kearney, *The Australian* (9/1/07)

Ice addicts would lecture police on how to deal with their violent mood swings under a proposal to be put to state, federal and territory police commissioners.

A course being developed by NSW Assistant Commissioner Dave Owens would also involve police being lectured by the mentally ill to avoid the triggers that provoke violence.

Working in conjunction with Victorian colleagues, Mr Owens is preparing to brief the commissioners in March on a proposal inspired by a course used by police in Chicago, suffering a crime wave fuelled by ice, the street name for crystal methamphetamine.

Mr Owens told *The Australian* yesterday he was planning a trial of a 40-hour course for up to 20% of all police across the nation.

'We think it will do very well, we're meeting with our Victorian counterparts and hope to combine our research and come up with a NSW and Victorian course,' he said.

'You've got to look at training between 10% and 20% of officers.'

Fresh from a working visit to the US, he said the course would teach police to avoid the violent triggers that push the mentally vulnerable over the edge.

'We have to accept that people are going to be very different. They're not prisoners but we get left dealing with them as prisoners,' he said. 'It's arming the cops with a little bit more knowledge and skills. When they go to jobs they realise they need a little bit longer.'

The issue of time is a central factor as police across the country face budgetary constraints.

Police Association of NSW president Bob Pritchard said in the latest edition of the union's magazine that ice had created 'a perfect storm' for his officers. He called on NSW police officers to log ice incidents with the association so it could chart the epidemic.

He also called on the NSW Government to investigate creating specialist police teams to deal with the crisis created by the drug.

A report in the same issue by association researcher Sandra Soldo said an increase in violent crime was being driven by ice use and that police resources were being diverted to deal with the associated psychosis.

'This diversion in resources is preventing our members from performing their core police functions,' she said.

The police union is asking for an extra 3000 police from the state

Government, facing an election in March.

Assistant Health Minister Cherie Burton told ABC radio the drug was placing stress on health services as well. '(There is) stress on our emergency departments from young people showing up there in a drug-induced psychosis, particularly as a result of using ice,' she said.

Mr Owens said his training proposal would involve hospital and mental

health workers, the mentally ill and police spending a week learning from each other.

The federal Opposition yesterday criticised the federal Government for its approach on getting the states to outlaw ice-smoking implements. Opposition justice spokesman Joe Ludwig said the federal Government should act to stop the import of drug paraphernalia such as ice pipes.

Recovery Program At Risk

C. Weaver, *The Sunday Telegraph* (10/12/06)

The future of the most successful community treatment for 'ice' addicts in NSW is in jeopardy after funding dried up.

The Smart Recovery program – which uses behavioural therapy to teach addicts how to resist falling back into a drug-dependent spiral – has weaned more than 400 people off crystal methamphetamine, or ice. It has also been adopted by the Department of Corrective Services to treat prisoners with addictions.

But despite its success since beginning as a pilot project at St Vincent's Hospital in 2002, the program will run out of funds at the end of this month.

The Alcohol Education and Rehabilitation (AER) Foundation, the Federal Government-funded agency that has supported the program until now, have not offered any further

grants. Program coordinators James Villamor and Josette Freeman are appealing for urgent support to save the scheme.

'We haven't secured any funding for the new year, so what we're trying to do is let more people know about it,' Mr Villamor said. 'I think there's a real need for this type of program.'

Many people who attend the program are referred from hospitals, doctors and other clinics across the State.

Smart Recovery, which began in the US 16 years ago, has grown to incorporate 35 groups across NSW, with meetings held from Darlinghurst to Wagga Wagga and Orange.

A further 15 groups are in planning stages, and there has been strong interest from other states.

Lara Benson, a freelance photographer who attended Smart Recovery in the past, believes it is crucial that further funding be secured. 'It's amazing to be in a peer group

with people who have the same struggle,' she said. 'People have discovered the program and found it works.'

Methadone Alternative

Adelaide Advertiser (12/12/06)

A cheaper, more common painkiller can be substituted for methadone, University of Adelaide researchers have found.

methadone in drug addiction therapy. Dihydrocodeine is less toxic, cheaper, easier to store, and the new research shows it is just as successful.

Its team was part of a joint study including the Universities of Napier and Edinburgh. The scientists found dihydrocodeine is as effective as

Methadone treatments in Edinburgh cost about \$3500 a year, while dihydrocodeine treatments costs about half that amount.

The Daily Cycle Spiralling Downwards

Waiting round the corner
Sitting on the fence
Loving and hating
This scoring suspense

Watching me jump in and out
Probably made me seem disturbed

My stomach is dropping
My heart accelerates in my chest
I hold the money tight in my hand
It's just a couple of hundred, I guess

But who cares what they think
I've got my hands on the gear
Once I've shot this in my arm
I'll have nothing to fear

Looking up and down the street
Watching for their car
Come on, it's been 7 minutes already
They can't be that far

But nothing really goes away
Like how to pay our bills
Maybe we'll score a bit more
And start making our own deals

Yes! I think that's them
Pulling up along the curb

Gaining customers one by one
Slowly moving up the chain
Having a taste every chance we get
Slowly losing more than we've gained.

Brit

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
Lee	Bailey	11/12/1976	27/02/1998	21
Jason	Barganier	21/10/1974	01/03/1999	24
Adrian	Bateson	28/08/1971	16/02/1999	27
Malu Mark	Bellar	22/10/1972	02/02/1996	23
Edward	Boulton	1969	24/03/1999	30
Zoe	Burger	27/09/1976	01/02/2001	22
Bindi	Calder	29/04/1978	03/03/1995	16
Ian	Campbell	13/10/1967	20/02/1998	30
Rebekah	Carrodus	30/03/1964	14/02/1984	19
Robert	Chaisson	23/02/1949	05/03/2000	51
Micheal	Daly	19/08/1978	30/03/2000	21
Philip	Davies	29/05/1973	18/03/1995	21
Danny Paul	Hammond	08/11/1977	04/03/2000	22
Samuel	Harrison	12/01/1970	10/02/1997	26
John	Keeble	10/06/1976	04/03/1998	21
Michael	Kirchner	27/07/1971	01/01/2007	36
Alan	Locke	17/09/1949	19/03/1985	35
Brenton	MacDonald	14/06/1970	29/03/2001	30
Paul	Markus	10/05/1958	15/02/1997	36
Stephen	Marshall	25/07/1963	13/02/1999	35
Duncan	McGhie	14/10/1975	01/03/2002	26
Anthony	McGoldrick	22/08/1965	03/02/1997	31
Tom	Merson	12/03/1973	06/03/2002	28
John	Millar	25/11/1965	22/02/1997	31
John	Mordaunt	30/10/1957	24/03/1995	37
Adam	Morris	31/07/1964	28/02/1995	30
David	Nicholas	16/08/1955	30/03/1999	43
Warren	Penny	20/01/1973	12/02/1999	26
Ben	Prior	12/07/1974	20/03/1999	24
Kingston	Rosewood	29/06/1965	21/02/1990	24
Michael	Scaife	29/09/1979	31/03/2000	20
Victor	Shive	09/08/1957	06/02/2000	42
Lea Marie	Spencer	28/03/1968	06/02/1995	26
Amber	Stewart	09/02/1985	08/03/2000	14
Debbie	Treadwell	02/03/1967	03/03/2000	33
Guy	Tremain	05/04/1970	14/02/1997	26
Damien	Trimingham	01/09/1974	24/02/1997	23
Amy	Viles	16/01/1978	07/03/1999	21
Matthew	Walden	20/09/1976	05/02/1996	19
Peter	Walsh	15/09/1970	16/02/1997	26
Hannah	West	27/09/1981	28/03/1997	15
Shaun	Western	1970	18/02/2000	30
Dieter	Wheeler	01/07/1967	01/03/2000	33
James	Windle	25/05/1980	13/07/2006	26

Events Diary

STEPPING STONES PROGRAMS

Sat 3 Feb **BYRON BAY** **9.30am B 4pm**
Sun 4 Feb (Course runs over two weekends)
Sat 10 Feb **Venue:** Old Mayor's Room (upstairs neighbourhood centre)
Sun 11 Feb Dally St, Mullumbimby (opp. Ex-Services Club)
Enquiries: Theo 0402 604 354

Wed 7 Feb **COFFS HARBOUR** **7 – 10pm**
to
Wed 4 Apr **Venue:** The Mud Hut, Duke St, Coffs Harbour
Enquiries: Theo 0402 604 354

Fri 23 Feb **CANBERRA** **5.30 B 9pm**
Sat 24 Feb (Course runs over five days) **9.30am – 5pm**
Mon 5 Mar **Venue:** Calvary Hospital, Lewisham Bldg, **5.30 B 9pm**
Fri 9 Mar Function Room, Cnr Hayden Drive **5.30 B 9pm**
Sat 10 Mar & Belconnen Way, Bruce **9.30am – 5 pm**
Enquiries: FDS (02) 4782 9222

Sat 24 Feb **SYDNEY** **10am B 4pm**
Sun 25 Feb (Course runs over two weekends)
Sat 3 Mar **Venue:** Office 3, Suite 1, 251 Liverpool Rd, Ashfield
Sun 4 Mar **Enquiries:** FDS (02) 4782 9222

FAMILIES & FRIENDS FOR DRUG LAW REFORM

A cuppa and refreshments will be available

Tue 6 Feb **CANBERRA** **12.30pm**
Topic: Evidence-based Drug Policy – Myth or Reality?
 The ways in which research evidence is used
 or not used in policy-making processes
Speaker: Alison Ritter, Associate Professor
 National Drug and Alcohol Research Centre
 & Director of the Drug Policy Modelling Program
Venue: Reception Room, Act Legislative Assembly
 Civic Square, London Circuit, Canberra City
Enquiries: FDS (02) 6254 2961

MEMBERS/VOLUNTEERS INFORMATION/SKILLS UPDATE

Sat 17 Feb **SYDNEY**
Topic 1: New Youth Drug Support Service **10am – noon**
Presenter: Deborah Silva
Topic 2: FDS Skills Update **noon – 2pm**
Presenter: Tony Trimmingham
Venue: Wests Ashfield, 115 Liverpool Rd, Ashfield
Enquiries: FDS (02) 4782 9222 – BOOKINGS ESSENTIAL

HOPE COURSE

This is a six-hour course for people associated with those at risk of overdose from opiates, alcohol and other drugs. Participants are taught how overdoses occur, how to recognise the signs and symptoms of an overdose and how to respond, as well as life saving skills.

HOPE is fully accredited through the Australian Red Cross. Qualified Red Cross instructors conduct all courses and participants receive a CPR qualification upon completion.

Sat 10 Mar **SYDNEY** **10am – 4pm**
Venue: Office 3, Suite 1, 251 Liverpool Rd, Ashfield
Enquiries: FDS (02) 4782 9222

DFA Intolerance

P. Gallagher, Program Coordinator – Community Advocate, Boroondara

A new site mimicking USA right wing religious 'anti drug' groups has arrived:

www.drugfree.org.au/home

The three 'news and events' items on DFA's site are:

1. A call for school drug testing to be 'on the national agenda'
2. A belittling and misleading attack on the MSIC claiming 'DFA research' has found a 'dangerous

precedent', and previous data are incorrect

3. A cry for marijuana to be called a hard drug, with unattributable claims to members of the public designed to present the impression of highly vulnerable adolescents, led astray by current policy

Please visit the site and lend your concern to this sad development as either a professional or compassionate human being.

NEWS FROM OVERSEAS

Canada

Renewed Drug Strategy Lacks Accountability

VANCOUVER: An informal audit of Canada's Drug Strategy has led to a critical report published today in the *HIV/AIDS Policy and Law Review*.

The study, based partially on figures obtained through freedom-of-information requests, demonstrates that the majority of federal funding is directed to strategies scientifically shown to be ineffective and lacking little, if any, evaluation.

When the renewed drug strategy was implemented in 2003, a federal government report promised to use 'measurable indicators of performance and to report every two years to parliament and Canadians on the progress made by Canada's Drug Strategy.' However, no reports or evaluations have been made available so far, says the evidence-based review authored by the B.C. Centre for Excellence in HIV/AIDS.

Treasury Board accounting documents indicate that of the \$368 million spent in 2004-2005 on addressing illicit drugs, 73% (\$271 million) was targeted towards law-enforcement initiatives. The remaining small piece of the pie was split among several initiatives,

including treatment (14%, \$51 million), research (7%, \$26 million), prevention (2.6%, \$10 million), and harm-reduction related programs (2.6%, \$10 million).

The findings contradict the prevalent belief that Canada spends a higher proportion of drug funding on harm reduction, says Dr Julio Montaner, one of the review's senior authors and Director of the B.C. Centre for Excellence in HIV/AIDS.

'Current federal spending on scientifically proven initiatives which target HIV/AIDS and other serious harms is insignificant compared to the funds devoted to law enforcement,' says Montaner. 'However, while harm-reduction interventions supported through the drug strategy are being held to an extraordinary standard of proof, those receiving the greatest proportion of funding remain under-evaluated or have already proven to be ineffective.'

Although funding of law enforcement-based initiatives has decreased from 95% in 2001, Canada's Drug Strategy has been slow to respond to the growing body of scientific evidence indicating that many of the harms associated with illicit drugs are due to enforcement-based policies and practices. Evidence indicates that incarceration is associated with HIV infection among injection drug users. Estimates

suggest that approximately 20% of HIV infections among injection drug users in Vancouver have been acquired in prison.

The review specifically raises alarms about policy-changes being proposed by the federal government, says co-author and Centre investigator Dr Thomas Kerr.

'The proposed Americanisation of the drug strategy towards entrenching a heavy-handed approach that relies on law enforcement will be a disaster', says Kerr. 'It is as if the federal government is willing to ignore a mountain of science to pursue an ideological agenda.'

The lack of decisive action to ensure that vital public health services exist across the country is another critical shortcoming of Canada's Drug Strategy. Because health care in Canada is a provincial responsibility, the majority of prevention, treatment and harm-reduction measures have been left to provincial authorities to attend. However, no federal body has been monitoring how, or if, provinces are providing these services.

The report shows Canada's Drug Strategy has also clearly failed to stem the numbers of Canadians trying illicit drugs: In 1994, 28.5% of Canadians reported having consumed illicit drugs in their life; by 2004, that figure had jumped to 45%. Canada's Drug Strategy must be held to account for its allocation of prevention funding, underlines the study. For instance, Drug Abuse Resistance Education (DARE) is one of the primary

recipients of federal funding despite research showing the school-based prevention program has repeatedly proved to be ineffective in preventing or delaying drug use.

'If Canada wants to fulfil its mission of reducing the most severe harms associated with illicit drug use, steps must now be taken to implement a truly evidence-based national drug strategy rather than shovelling millions of dollars towards these failed programs,' says Kerr.

The feature article, 'Canada's 2003 renewed drug strategy – an evidence-based review,' appears in the current issue of the *HIV/AIDS Policy and Law Review*, published by the Canadian HIV/AIDS Legal Network, with the collaboration of the American Bar Association.

(15/1/07)

§§§ §§§ §§§

Injection Site Condemned For Saving Lives

VICTORIA: Who would think that the most disturbing words I've seen in print for years would come from a Mountie?

When people look back on these times, they will be baffled by our persistent stupidity when it comes to drugs. From alcohol in the 1930s to crystal meth 70 years later, we keep trying to police addictions and abuse out of existence. In the process we have spent untold fortunes, bankrolled every organized crime

group from the Mafia to bikers to Asian gangs and watched as more people suffered and died, more families were destroyed and more communities damaged. And in all that time, the approach never once showed any signs of working.

The disturbing -- even obscene -- words came in an RCMP report on Insite, the Vancouver safe-injection site. The site opened in late 2003, Canada's first experiment in giving addicts a safe, clean place to shoot up. The theory -- tested in other countries -- is that the site offers big benefits. People injecting drugs in the centre don't share needles, so they don't spread HIV and hepatitis and other illnesses. If they overdose, help is near. They can get medical care. If they're ready to try quitting, they can be referred to services.

And they aren't sticking needles in their arms on the street, a significant benefit to neighbours and nearby businesses.

It has worked. More than dozen serious research studies have looked at Insite's impact. They've been reviewed by independent scientists and published in *The Lancet*, the *New England Journal of Medicine* and other journals. The site has increased the chance addicts will decide to try treatment. It has cut the spread of deadly diseases and saved lives. Street problems are reduced.

And there is no evidence that it has increased drug use, which is not surprising. People are not going to go

say, 'Hey, a safe-injection site. I think I'll try heroin.'

But the Conservative government is unconvinced. Insite's three-year operating certificate was up for renewal this fall. Prime Minister Stephen Harper said he didn't have enough information to make a decision, despite the research and the support from Vancouver Mayor Sam Sullivan, Premier Gordon Campbell, Vancouver police and public health officials.

The federal government refused to renew Insite's operating certificate, instead giving the site a temporary reprieve until the end of next year. The prime minister said he wanted more research (then his government cut off research funding). Harper said he especially wanted to hear from the RCMP.

Peter O'Neil of the Vancouver Sun made a freedom of information request for RCMP documents on Insite. He found that the Mounties' regional co-ordinator for drugs and organized crime awareness had prepared a negative report.

There were no statistics or analysis in the three-page document, just opinion.

The RCMP doesn't actually patrol the area where the site is located. And the report didn't provide any evidence to challenge the studies showing the site has resulted in more people seeking treatment and saved lives. In fact, the RCMP argues, the fact that

the site saves lives might be a bad thing.

'The RCMP has concerns regarding any initiative that lowers the perceived risks associated with drug use,' the report says. 'There is considerable evidence to show that, when the perceived risks associated to drug use decreases, there is a corresponding increase in the number of people using drugs.'

Stop and think what those two sentences say.

The RCMP 'has concerns' about a safe-injection site or any other measure that makes drug use less dangerous.

If someone's daughter gets AIDs, or someone's father dies in an alley, that's not necessarily a bad thing, says our national police force. More deaths and illness might deter others from doing drugs.

It's cruel and stupid, especially as people have been dying for years and drug use continues.

Safe-injection sites save lives, reduce addiction and make the community safer. And those, apparently, are seen as bad things by the RCMP and the Harper government.

Footnote: The safe-injection site has been criticised by US drug officials. And reports this week revealed the Harper government has been consulting US government officials on its new drug policy, holding meetings

between 'various senior-level meetings between US officials and ministers/ministers' offices.' It would be a tragedy if Canada followed the disastrously expensive ineffective US approach.

P. Willcocks, *Nelson Daily News*
(19/12/06)

New Zealand

Battle Against Drugs In 2006

Methamphetamine

Cost \$800-\$1000 a gram. In 2006, 116 kg was seized, up from 16.5kg in 2005. Most was imported from China, but distribution and local manufacture is controlled by gangs. Local theft from pharmacies has waned as Asian gangs get supply from overseas.

Significant seizures in 2006:
Operation Major, in May, netted 95 kg hidden in paint tins imported from China; Operation Fiona, in January, 8.1 kg of crystal meth hidden in water filters destined for a Wellington address; Operation Pulse, in September, 5 kg of methamphetamine hidden in ceramic picture frames being carried by two passengers travelling on Canadian passports.

Pseudoephedrine

In 2006, 2.2 million tablets were seized; up from 1.9 million in 2004. This could be used to manufacture 130-140 kg of methamphetamine.

Seizures used to be mostly from domestically sourced tablets, but there is a trend toward larger amounts hidden in commercial ships. 'The way to kill this problem is to stop it offshore,' says Les Maxwell, analyst at the police national drug intelligence bureau.

Significant seizures in 2006: Operation Major, in May, 150 kg of pseudoephedrine concealed in sacks described as 'mortar'; in June, 3.38 kg from China found by a drug detector dog in tubing of floor mops; in July, 21.55 kg hidden in a shipment of computer monitors; in October, 11 kg hidden in the soles of jandals.

Cannabis

During the 2005-2006 year, more than 500 kg of cannabis and 140,000 plants were seized in New Zealand. Fifteen per cent of New Zealanders are believed to be users.

'We should never underestimate cannabis. This is our most widely used illicit drug in New Zealand,' Mr Maxwell said. Most is grown locally, and new hydroponic and cloning techniques also increase the active THC content, making the drug stronger.

Police have also found links with methamphetamine labs if they investigate cannabis, it can lead them to P. COCAINE Cost: \$300-\$500 a gram.

In 2006, 30.5 kg was seized, up from 7 kg in 2005. The vast majority

(29.8 kg) of seized cocaine is destined for Australia. Demand here could be hidden because it is a drug favoured by wealthier people who tend to be more discreet.

'There's always a risk of seepage (into the New Zealand market),' Mr Maxwell said.

Significant seizures in 2006: In Operation Limpet, in June, customs divers found more than 18.6kg of cocaine hidden in an attachment to the hull of the boat MV Tampa, which had arrived in South America; in October, 8.7 kg was found attached to the sister ship MV Taonga.

MDMA/Ecstasy

Cost: \$60-80 a tablet. In 2006, 7500 tablets were seized.

Police have shut down a number of international groups, including Israeli groups that had a global stronghold in 2002-04. Seizures have dropped considerably. But that does not indicate that MDMA is going away, Mr Maxwell says.

'It's still there, we know it's still there, and while there have been those successes in terms of these syndicates that have been disrupted, it's the Asian group that have proven able to be the fly in the ointment.'

Significant seizures in 2006: In Operation Clark, in October, 2887 ecstasy tablets were found in a package sent from Britain to a Timaru address.

Heroin

Cost: \$1000 a gram. In 2006, 11.04 grams was seized, down from 1.5 kg in 2003.

Heroin is also manufactured in New Zealand using morphine sulphate tablets. Small-scale and infrequent use of poppy seeds is also found.

LSD

Police believe a small, aging user group and the success of the methadone program means there is not a huge demand. LSD Cost: \$30-\$40 a ticket. In 2006, 2821 tickets were seized, up from 1310 in 2005. Popular in the 1990s, LSD use dropped in the early 2000s, but Mr Maxwell says it is beginning to make a comeback.

On little stamps or tabs, it is easy to conceal and difficult to detect.

'There seems to be a resurgence at the moment. We're not sure what that means,' Mr Maxwell says.

GBL/Fantasy

Cost: \$5-\$10 a millilitre (diluted). In 2006, 203 litres was seized, up from 31.6 litres in 2005.

GBL (or fantasy) has been classified as a class B controlled drug only since 2004. It is used as a recreational and in some cases as a 'date rape' drug.

Mr Maxwell said it seemed to be less available at the moment. 'I call this one of our successes as well.'

Significant seizure in 2006: In January, a 200-litre drum was intercepted that had been sent from Japan to a Northland address. At subsequent searches, police found crystal methamphetamine and components of a clandestine drug laboratory.

KHAT

Cost: \$100-\$200 for a 100g bag. In 2006, 42.5 kg was seized, up from 38 kg in 2005 and 27 kg in 2004.

Popular with African communities, Khat (pronounced kot) is a class C controlled drug, usually imported from Australia. It has methamphetamine-like properties when chewed, brewed as tea, or smoked.

Significant seizures in 2006: In December, Hamilton detectives found 10 kg in two houses, believed to be imported, and with the street value of \$10,000 to \$20,000.

Dominion Post (6/1/07)

\$\$\$ \$\$\$ \$\$\$

Maori Addiction Statistics: One Man's Story

Tuari Potiki reckons he knows from his own experience why Maori are twice as likely as other New Zealanders to get hooked on drink and drugs.

Mr Potiki, now the South Island manager of the Alcohol Advisory

Council, ended up in the hospital for addicts at Hanmer Springs by the time he was 28.

An analysis of a Health Ministry survey of almost 13,000 people, to be presented at a treatment centres' conference in Auckland today, shows he was not unusual.

Just over a quarter (26.5 per cent) of all Maoris in the survey had had substance use disorders some time in their lives – twice the national average of 12.3 per cent. One in every 15 Maori (6.7 per cent) had 'abused' alcohol in the past year alone, compared with the national average of only one in 40 (2.6 per cent).

'Abuse' was defined as drinking which involved repeated failure to fulfil obligations at work, home or school, drinking while driving or operating machinery, drink-related criminal offending, or continued drinking despite resulting problems such as fights or domestic arguments. About half these numbers also abused other drugs in the past year – 3.7% of Maori against a national average of 1.2%.

National Addiction Centre director Doug Sellman, who will present the figures at the Australasian Therapeutic Communities Association conference, said that even after allowing for relative Maori youthfulness and poverty, they were still twice as likely to abuse drink and drugs as others of the same age and wealth.

Mr Potiki, a cousin of Ngai Tahu chief executive Tahu Potiki, who

yesterday announced his resignation, said it was no accident that the same pattern of people drinking themselves into oblivion occurred among Australian Aboriginals and Native Americans.

'The similarities are too close to be coincidence,' he said. 'That does make you think.' He grew up in a drinking family and started drinking with his mates when he left school.

'That was just what you did. You ended up believing the only way you could have fun was with alcohol or drugs,' he said. 'I'm a classic in some ways. I had glue ear. I went deaf. I couldn't hear anything at school.

'I had an accident when I was seven and couldn't see out of one eye. I got classed as a troublemaker. It wasn't till later that I realised it was because I couldn't hear or see anything.

'I left school at 13, believing I'm dumb, I'm only ever going to be a labourer, and labourers work hard and play hard and away you go.

'Had there been better intervention or monitoring or detection, if people had been looking for what some of the causes could have been rather than just saying, 'He's bad', it could have been different.'

Mr Potiki was sent to Hanmer by a judge, which saved him. 'It was either go to treatment or go to jail.'

Today, he has a postgraduate qualification and a good job, but he

worries that young people like him will miss out because Hanmer and many other residential treatment centres have closed down.

‘Maori kids are still being tagged as being troublemakers or disruptive. On their own, they are not. I don’t believe that stuff is inherent or genetic. You are a product of your environment. If those behaviours are manifesting, there are reasons that need to be looked at. If we make a difference earlier, then maybe we can end up getting somewhere.’

S. Collins, *NZ Herald* (22/11/06)

United States

When It Comes To Drugs, Even Dr Phil Fails To ‘Get Real’

I’m not one to watch daytime television, but yesterday I had the opportunity to catch *The Dr Phil House: Heroin Twins – The Intervention, Part 2*. In this two-part series, TV therapist Dr Phil McGraw aims to expose his television audience to the horror of heroin withdrawal.

Viewers of the program observe 25 year old Sarah go through immediate withdrawal from prolonged heroin use. Sarah’s twin sister Tecoa has been in recovery from heroin use for one month. The twins are confined in a Big Brother-style environment known as ‘Dr Phil’s House’ and are monitored by a detox nurse and a psychologist.

By day two of withdrawal, Sarah is resisting all efforts by staff to get the bed sheets off her head and Tecoa is being accused of sabotaging Sarah’s recovery. When Sarah and Tecoa fail to comply with the psychologist’s wishes to go for walks and engage in conversation about ‘what it feels like to be in withdrawal,’ the house staff call in the big guns.

Dr Phil is known for his simplistic approach to psychology by telling guests on his show to ‘get real’ about their problem behaviour. Perhaps this mantra has contributed to Dr Phil’s persona as a rational and level-headed psychologist who ‘only wants to help’ settle family squabbles and patch up relationships before a national audience of homemakers.

However, Dr Phil’s formula for putting bad behaviour in check seemed to be no match for two cantankerous women who are missing heroin.

After the twin sister’s rebuff of Dr Phil’s commandments to comply with the house staff’s wishes, the TV therapist flatly abandons his ‘get real’ approach and begins resorting to threats and scare tactics.

In a great display of made-for-TV dramatics, Dr Phil warns Sarah that ‘the next time you try to buy drugs I will make sure that you get busted and your ass gets thrown in the penitentiary.’

Dr Phil failed to change the twin sister’s attitudes using his usual

methods. So he got angry, and what does he do? Rely on the draconian drug laws to talk some sense into these women. But Dr Phil should know that the war on drugs is anything but rational. And it sure is hell does nothing to make people 'get real' about their drug use.

Perhaps, the airing of 'Heroin Twins' presents the reform community with an opportunity to inform daytime talk show hosts that drug dogs, pee cups and SWAT teams do nothing to curb drug use.

Imagine Dr Phil, Oprah and others promoting harm reduction approaches and profiling alternatives to incarceration for drug offences.

If these types of approaches to problem drug use could get through to the likes of Dr Phil, it is safe to say that his 'get real' mantra would have a whole new meaning.

G. Smith (28/11/06)

\$\$\$ \$\$\$ \$\$\$

The Time Has Come To Stop The War And Reform Our Drug Policies

The time has come for peace talks in the war on drugs. It's not time to cut and run or to declare victory and head home. Nor is it time to encourage or tolerate violations of existing law. Instead, it's time to devise an intelligent exit strategy, one that includes consideration of a regulated public health approach to

drugs instead of our current criminal justice model.

As a career prosecutor, I see strong indications that our enforcement model may actually be counterproductive to public and personal safety.

Violence spawned by the war on drugs continues to plague our communities. Violence exists in the form of assaults and murder by drug sellers as a result of deals gone awry or territorial disputes.

We see violence in the form of robberies and burglaries by users stealing money or guns to purchase or trade for drugs. And, to a much lesser extent, we see random violence caused by drug-impaired people unwilling or unable to control their behaviour.

Drug policy reform, to include regulated access to drugs, could substantially reduce all three types of drug crimes.

Any inquiry into drug policy must answer five critical questions:

1. If we are serious about addressing substance abuse, why do we treat addicts as criminals?
2. Given the addictive and dangerous nature of certain drugs, why do we allow criminals to control their distribution – criminals with a financial interest in finding new customers and keeping others addicted?

3. Why does this newspaper (Editorial 6 December 2006) reject a regulatory approach to drugs yet we regulate alcohol and tobacco, two highly addictive and dangerous substances?
4. If a regulatory approach would increase health care costs, would those costs be more than offset by savings in the criminal justice system?
5. If our current approach is working, why have drug use, potency, arrest, and incarceration rates increased and not decreased as enforcement expenditures have gone up?

What about young people and access to drugs?

Would a regulatory approach result in an increase in use by those most susceptible to the damaging effects of drugs?

Maybe – but not necessarily so. Many adolescents will tell you it is easier to get marijuana than it is to get alcohol. This suggests a regulatory approach might contain drug use by minors.

Moreover, if we intelligently reallocated criminal justice dollars into education and drug prevention, we might minimize the allure of these ‘forbidden fruits’ and not see an escalation in drug use.

Drug policy reform should appeal to a broad political spectrum.

Reform would allow us to treat addicts more compassionately and effectively. It would remove government from the private choices of adults.

And it could result in substantial savings by reducing criminal justice and correctional expenditures. To suggest that proposing reform is tantamount to ‘being soft on drugs’ is to reduce a highly complex issue into a one-dimensional catch phrase. We can, and must, be more thoughtful than that.

There are no easy answers in the drug policy debate. And certainly there are more questions to be asked than those raised above. But we must ask the questions. And we must ask them not only of our state elected officials and policy makers but also of our congressional delegation. The drug problem is both a state and federal issue.

With the recent elections, Vermont now has substantial power in the Congress -- power that can bring resources to the state but also power that can influence change.

Even if Vermonters sought a bold and courageous new approach to drug policy, the federal government might seek to stifle innovation. The states and the federal government must try to work in partnership on these issues.

The war on drugs is a war on people. The time has come to discuss a better

approach to this vexing problem. I look forward to the discussion.

Robert L. Sand is Windsor County state's attorney.

R. Sand, *Times Argus* (4/1/07)

United Kingdom

Smoking Opium Could Make A Comeback In Britain

Opium smoking, much beloved by Victorian intellectuals, could be making a comeback in Britain a national drugs conference was warned yesterday.

International drugs experts believe that traffickers faced with off-loading a record crop of opium poppies in Afghanistan are not bothering to refine opium into heroin but smuggling it direct for sale.

One route is believed to be via France, after French customs seized 36 kilos of opium, which was due to be smuggled through the Channel Tunnel to Folkestone in October.

Last year, the total seizure of opium in France was a mere two kilos. In Britain, the latest figures for the seizure of all opiate drugs, including other drugs as well as opium, was 30 kilos in 2003.

Opium is a gum produced from the washed sap of the poppy. Until the creation of international controls in the early 20th Century, opium was widely smoked in the Middle and Far

East and in Europe where it was used by painters and writers. Forty times less potent than heroin, opium is nonetheless highly addictive. It was widely used in the Far East where Britain went to war twice in the 19th Century to control the trade to China.

A warning that the French seizure is a sign of a potential trend came yesterday from Jean-Luc Lemahieu, chief of the European and Western Asia section of the United Nations Office on Drugs and Crime.

Mr Lemahieu, speaking at a national conference on drug problems organised by the Association of Chief Police Officers in Manchester, said there was evidence that traffickers were going back to 'traditional markets' and attempting 're-establish the Victorian habit of opium use'. He said the trend was very small but there have been seizures in Britain and the drug markets would have to be watched.

Traffickers are faced with a record Afghanistan harvest of 6100 tonnes of opium in 2006 equal to 610 tonnes of heroin.

The vast majority is coming from Helmand province where the British army is trying to gain control of the area. Helmand has seen a 121% growth in Opium in one year alone. In 2005, the worldwide figure was 4750 tonnes.

Mr Lemahieu said the price of heroin has been low in Britain for some years but the traffickers may ship

more with a greater purity. One result would be increasing overdose deaths. Traffickers could also stockpile drugs along the routes into Europe and may also try to smuggle into China, which traditionally had a big opium market.

He also warned the conference that cocaine is starting to replace ecstasy as the drug used by young people in clubs. Mr Lemahieu said: 'New users see it as harmless after seeing ecstasy is safe.'

Andy Sellers, one of the senior officers in the Serious Organised Crime Agency – Britain's version of the FBI – admitted to the conference that the overall picture of heroin and opium problems is poor and the long-term future looks bleak. 'My key message is that the threat is increasing, traditional seizures don't make any discernible difference,' he said.

The price of heroin has been falling and the only problem for the traffickers is transportation. Mr Sellers said 25 to 35 tonnes of heroin are reaching the United Kingdom each year, worth about UKP 1.26 billion, of which 95% comes from Afghanistan.

But Vernon Coaker, the Home Office minister responsible for drug policies, said that there was evidence that drug markets are stabilising. Use of Class A drugs is falling according to research.

Asked about any growth in the opium trade Mr Coaker said that work was under way in Afghanistan to cut production and disrupt the supply routes.

Famous users of opium have included:

- Samuel Taylor Coleridge, early 19th Century poet who wrote *The Rime of the Ancient Mariner* and *Xanadu*
 - Thomas de Quincey, English writer and author of *Confessions of an Opium-eater* published in 1821
 - Edgar Berlioz, French 19th Century composer
 - Edgar Alan Poe, 19th Century American writer of black and gothic stories and poetry
 - Jean Cocteau, 20th Century French avant-garde writer
- S. Tendler, *The Times* (22/11/06)

§§§ §§§ §§§

Cops Told To Decriminalise Drugs

Decriminalisation of heroin and cocaine is the only way to prise Camden from the clutches of drug-barons and alleviate the slavery of addicts, civic leaders told the police on Monday night.

At the Town Hall Mark Heath, Camden's top policeman, and Councillor Ben Rawlings, the council's community safety chief, heard a series of respected figures from the Community and Police Consultative Group call for an end to the prohibition of Class A drugs.

'In my mind it was a mistake to hand over the distribution of hard drugs to hard criminals,' said Huntley Spence, a former Conservative councillor.

Mick Farrant, an independent custody visitor, said: 'We've found over many years that prohibition doesn't work. It isn't addicts that cause anti-social behaviour and crime, it's the misuse of drugs that causes anti-social behaviour and crime.'

Joe Weir, chair of the Covent Garden Community Association, added: 'I think prohibition has proved to be very ill-advised. I don't think the word legalise should be used – it should be decriminalised.'

The tide of feeling towards liberalisation was bitterly opposed, however, by former Belsize councillor Johnny Bucknell and Roy Walker, chair of the Camden safer neighbourhood panel.

Mr Bucknell added: 'If you have a clear zero tolerance message to these kids you might steer them clear.'

Camden New Journal (30/11/06)

Turkey

Rise In Drug Use Shows Growing Social Problems

Revelations at a parliamentary commission charged with investigating rising crime among youths has shown there is an alarming increase in drug addiction in Turkey

A Green Crescent report submitted to the commission shows that in the past three years heroin addiction has risen by 100% and use of ecstasy has increased 300%.

These are shocking revelations that show the sorrowful state of affairs where moral values are being systematically destroyed in Turkey in the name of fighting religious fundamentalism

Turkey has 20 million young people, which means we are a youthful country. This can be a great advantage for Turkey if the youth can be moulded in the right manner. But if we cannot teach our children the moral values that have made our nation very rich in the past we will be facing a losing battle.

Let us be very frank. Many things done under the pretext of fighting religious fundamentalism have ruined our education system and opened up our youth to drug abuse and other crimes.

Experts agree today that merging primary schools and secondary schools under one roof and forcing young children to live together with older kids was a great mistake. Our schools are full of examples of older children bullying and even sexually assaulting younger ones.

But this was done all in the name of shutting down secondary schools where religious education was given. Because these schools could not have primary schools they were closed.

The military, which staged a post-modern coup in 1997, felt the move was needed to end the influence of these schools and thus prevent religious fundamentalism.

Such schools were not hubs of fundamentalism. They were places where children were given moral education besides learning science and literature.

What is sad is that with the closing of these schools other forms of religious education were also targeted. So we have been forced to raise a new generation that lacks moral education. So this has also contributed to the decadence of our society and the spread of drug abuse.

Besides all this, we see with great sadness that drug pushers are hard at work around our schools and it is shocking that no one really prevents them.

There are even claims that these drug pushers receive help from some of those who should be locking them up.

It is now up to our authorities as well as the families to eradicate the conditions that make drug abuse so easy.

Families have to carefully monitor their children and prevent their children from falling into the hands of drug sellers.

I. Cevik, *The New Anatolian* (29/12/06)

Spain

Andalucia To Provide Prescription Heroin To Long-Term Addicts

Heroin as medicine: The Council of Andalucia is formally requesting permission from the Ministry of Health to administer the drug to a group of addicts in Granada as if it were an experimental medicine.

The Council's decision is based on the clinical research with heroin it has undertaken, which shows that heroin maintenance improves health twofold over methadone in long-term addicts who have not been able to give up the drug. The Health Ministry will have to authorise compassionate use of the drug on a case-by-case basis, but the formal request puts the Ministry in an awkward position. The department run by Elena Salgado has until now opted to turn a blind eye to heroin maintenance.

The Andalusian Council's Director of Drug Addiction, Andres Estrada, explained to this newspaper yesterday: 'We will request heroin distribution to persons who need it on a case by case basis. Medically supervised maintenance can be a way out for addicts.'

The government's Council of Equality and Social welfare does not intend to extend the clinical research the PP (Partido Popular) government approved in 2003 after delaying it for years. Instead, heroin will be

considered 'medicine in an experimental phase.' 'The results of the clinical research have been positive and we will ask the Ministry for compassionate use as we would with any medicine,' Estrada added.

The Andalucian Executive will make use of the 1993 royal clinical trial decree, which defines compassionate use of a medicine administered to 'select patients, following clinical research, of products in the final phases of research.'

The Andalucian researchers have already finished their research and concluded that heroin maintenance improves physical health 2.5 times as much as methadone and have published the results in the Journal of Abuse Treatment.

Additionally, patients treated with heroin break the law less and have improved social situations. They have gone down from injecting themselves in the streets from 25 times a month to eight. Crimes have gone from 11 a month to one.

There have been similar studies in Holland, Switzerland and Germany, all with similar results. The objective is not to cure addiction in patients with poor health and years of use, but rather to improve their state, bring them into the health system, reduce delinquency, avoid infections and reduce the use of adulterated street drugs.

It starts in Granada: The Council has developed a protocol which,

beginning in February, will make it possible to group long term addicts who have tried getting off drugs with methadone and failed and have 'infectious diseases (like AIDS or hepatitis) and psychiatric problems,' according to Estrada.

One by one, based on their clinical history and with medical authorization, the Council will request authorization from the Ministry of Health to use the drug as medicine. The Council will begin with addicts in Granada, where they have the infrastructure in place, and expect to enrol roughly 50 heroin addicts.

'This is not for a lot of people because heroin in Andalusia is very restricted and in many cases this treatment comes too late for those who are already dead,' according to Estrada.

Two years ago, the Council requested compassionate use for the 36 patients who participated in their clinical trials. The Spanish Agency for Medicine, which falls under the Health Ministry, gave the patients authorisation to continue receiving the drug for life as the doctors considered that heroin maintenance had been good for them.

In reality, any doctor in any part of Spain can request compassionate use of heroin for a patient, based on the Andalucian research, but until now none have requested it.

The Council's decision will force the Health Ministry to take a public

position on heroin maintenance. Since the pilot research was completed in 2004, the Ministry has limited itself to stating they are analysing the research results and will evaluate them the first trimester of the coming year.

'It has to be done with caution, because this is a very delicate subject,' said the Ministry spokesperson.

The extension of heroin maintenance treatment constitutes a rejection of Carmen Moya, the government director of the National Drug Plan. She has affirmed that, unless the research proves otherwise, current policies (needle exchange and methadone), are enough to help addicts get better.

Estrada assures that he has already informally communicated to the Ministry of Health the intention of broadening the compassionate use of heroin: 'They told us to send them the cases and they will study them.'

Health authorities will have trouble denying compassionate use requests if the cases involve addicts similar to those who participated in the clinical research.

If they have already approved compassionate use, how can they deny it now? Thus heroin, discovered in 1883 and used widely since then, will be considered in Spain as an experimental medicine.

R. Sharpe (transl.) *El Pais* (29/12/06)

Thailand

Drug Deaths Demand Extra Attention

Few things can keep Prime Minister Surayud Chulanont from chairing the meeting on extra-judicial killings at the Department of Special Investigation on Friday. His show of interest in the issue has raised the hopes of relatives of the victims of deposed Prime Minister Thaksin Shinawatra's war on drugs, and human rights defenders across the country.

The meeting of the DSI's committee on special cases, which Gen Surayud chairs in his capacity as prime minister, is due to decide which of the extra-judicial killings it should take on.

Justice Minister Charnchai Likhitjitta has confirmed that the meeting would discuss the case of a young couple from Khon Buri district in Nakhon Ratchasima who were gunned down on March 2003. Relatives say Nikom Unkaew, 31, and his wife Kanya, 27, were construction workers who won the lottery jackpot in May 2001 but police suspected their remarkable change of fortune was linked to drugs.

An estimated 2500 people are believed to have died in extra-judicial killings during the anti-drug campaigns, which began in February 2003 and resumed in 2005. Forty of these people, say the Lawyers

Council of Thailand and the National Human Rights Commission, had nothing to do with drugs.

Under public pressure, the Thaksin government launched an investigation into the killings. But investigators examined only about 1600 cases and on grounds of lack of evidence classified the rest as common crimes, according to Kittti Limchaikij, secretary-general of the Office of Narcotics Control Board.

Gen Surayud inspired the push for a new investigation into the killings by reportedly instructing Mr Kittti to find out how many of them were related to drugs, and how many were not. That was in early November and the momentum has built up ever since.

In mid-November, Kraisaak Choonhavan, the former senator for Nakhon Ratchasima who is a veteran human rights defender, met with Jarun Pukditanakul, permanent secretary for Justice and brought his attention to cases in Nakhon Ratchasima and Narathiwat.

A week later, the National Human Rights Commission and the Lawyers Council of Thailand called on the government to ratify the Rome Statute of the International Criminal Court, saying this would enable prosecution of Mr Thaksin for crimes against humanity and in all countries that were signatories.

Last Monday, Mr Kraisaak conferred with the prime minister and reported that he had promised to re-open an

investigation into the extra-judicial killings. Hence, the delight of Mr Kraisaak and other human rights defenders when the justice minister reported that the prime minister had promised to chair the meeting on 8 December. But Justice Minister Charnchai's suggestion that the prime minister's presence was conditional on his not being taken up by something more pressing raised some concern. For relatives of victims, and human rights defenders campaigning for justice in the matter, nothing can be more important.

Though the field is wider for Gen Surayud, and his caution is understandable, he cannot fail to meet the expectation that he will be there and do his utmost to solve the problem. The prime minister after all has called for reform of the justice system, the flaws in which have enabled politicians to interfere in law enforcement for their own gain. Hence, his leading role in seeing to it that justice is done in the case of extra-judicial killings is imperative. That means ensuring punishment of the killers and their masterminds, and help for the bereaved to cope with irreplaceable losses of life.

To the chagrin of the deposed prime minister's critics and defenders of human rights, the long arm of the law may not be long enough to incriminate him. But Gen Surayud can do much to bring out the truth by assuring relatives, state officials and other witnesses that they will be protected for speaking out.

A. Manibhandu, *Bangkok Post* (5/12/06)

Prisons, Poisons and Pathos

Don's Reviews

Augusten Burroughs: **DRY** (Hodder)

Debra Byrne: **NOT QUITE RIPE** (Macmillan)

Alison Bell, comp: **DRUGS & PRISON** (FDS, AER)

Waxler, Robert and Linda: **LOSING JONATHAN**

Information booklet (available through FDS): **ON THIN ICE, A User's Guide**

What we do to each other, sometimes in the name of morality, or sometimes legality, sometimes retribution, sometimes religion, or sometimes (it seems) just for the hell of it. How can we do what we do? Yet, perhaps every bit as bad, consider *what we do to ourselves*.

The books for review in this issue tend to be focused on these two areas of harm: that which we do to ourselves and, as a consequence, that which others then do to us. In his novel-cum-anecdotal summary, **Dry**, Burroughs, alcoholic, takes us into his inebriated social and professional setting and lets us live a little bit of his life, albeit vicariously. Gee, I must have a warped sense of humour or something, but I couldn't find much of the promised laughing matter in this book. It's been around now for the best part of a decade, and when Tony asked me to add it to this latest lot of reviews, I did a little research into Mr Burroughs. He has his own website, a highly commercial and exceedingly well-organised package.

If you go to www.augusten.com, you can make your own mind up.

Some of the gratuitous vulgarities didn't really get through to me. I guess the problem must be with me, but if you have a look at page 194 in the FDS copy you might go along with me. I just found it a bit hard to go the extra distance with my suspended disbelief. It probably has a lot to do with my mistrust of a previous book reviewed in these pages; I just don't get a lot out of these 'true life stories'. However, it must be said that this is a 'tell it like it is' book, a very stark and introspective novel/autobiography. Borrow it from the library and see what you think, but don't give it to your maiden aunt for her birthday, unless she's very broadminded.

§§§ §§§ §§§

On to **Not Quite Ripe**. Anybody who saw Debra Byrne as Fantine in *Les Miserables* will never forget her tragic little role. The novel is surely amongst the greatest ever written and, in my humble view, the musical version belongs right up there with the best of 20th-century opera. The gift of love and help that Jean Valjean bestows on Fantine, and on her little girl Cosette, and years later on the

seriously injured Marius, must live with anybody who watched these very beautiful performances. Remember the sincerity of *Bring Him Home*? And of course Fantine's glorious show-stopper, the tear jerker of the age, *I Dreamed a Dream*?

Hence, it is that when you read the very frank revelations, the ups and downs of Debra, you sense that she was born to play Fantine. Of course, there was *Cats*, and also *Sunset Boulevard*. But *Les Mis* was the one.

When you read this autobiography, you may be struck by the predominance of the personal pronoun. 'I did this, I did that, this was when I did so and so, this happened to me,' and so on. The book is deeply personal, and this is why I immediately found most understanding of the lost young woman Debra by associating her with the tragically lost Fantine. She even dedicates a chapter heading to one of the great lines from the show.

There are years with sex problems, cocaine, heroin, and the black dog depression. You won't get much more realism than you have to cope with in the early pages describing the family alienation associated with the question of Byrne's virginity. You feel you are alone with her in her early hopelessly calamitous attempts to have (and even enjoy) sex. She provides a very clear understanding of her mind's confusion at the time.

When we compare the world of difference between this experience and

a not-dissimilar adolescent tale in *Puberty Blues*, the tragedy becomes very personal.

For all that, somehow it's mostly come out right. There is a lot of the *living day-to-day* philosophy implicit in this book, just as it was explicit in the Burroughs book. If you want to start with the last couple of pages of this book, to reassure yourself that you end up with all the right warm feelings, go ahead and treat yourself. You won't affect your appreciation of the overall autobiography.

As a matter of fact (confession time), I did it in my preliminary gloss, and then I sort of traced my way back through the book to get an overall feel for it, prior to a straight read. Although it's a narrative, I see a strong argument for dipping in at various stages, as though you are in fact randomly experiencing this life with its polarities. It doesn't hurt at all, at least in my view, to know that it works out all right for this girl.

I'd buy this book, and I'd treasure it. If you're like me, and you love the music world, well there's plenty for you there, but you're also going to get the very heavy stuff along the way.

There are two kinds of humour in the book. One emerges every now and again and catches you by surprise (such as the little girl who has used the black texta to such amusing effect on her body).

There's also a kind of a wry sense of humour in Debbie/Debra Byrne's

story, usually told against herself. You have to get into the book a bit before you feel it there, but it is there. The *pretty as a picture* little dolly bird of the early 70s lurks somewhere still inside the older and wiser mature woman; look at the eyes on the front cover, then try to avoid them.

Piercing, honest, intense, part of a body that's been lived in. A body which at one stage was pumped with Valium (available on demand), a body which had been effectively drug abused since the age of 12.

The descriptions of her depression and with drug deprivation, or long-term sex craving and recurrent dissatisfaction, are all vividly and totally convincingly presented. Ruined relationships are very much the name of the game until quite near the end of the book, when a realisation, first articulated by one of the youngies, creates a sort of change in perspective within a sentence or two.

The comment goes along the lines that '*aunty is getting better*'. Aunty herself suddenly recognizes that this is so, and a whiff of optimism just sort of takes over. Very, very late there will be yet more heartbreak. But the joy associated with Byrne's 'ripening' is left to you to come upon as I did. This is indeed a very beautiful book.

§§§ §§§ §§§

Drugs & Prison is enough to make you cry. The report early in this booklet, that an estimated 80% of inmates in New South Wales prisons

are in fact there because of drug use or drug-related crimes, should be far more disturbing than it apparently is to the community in general. That's four in five! It's astonishing. And the little excerpts which permeate this booklet all tell tales of their own, tales of deepest suffering and the most wonderful comradeship and support.

The message being drummed throughout the book is that any interested parties at all should be prepared, first and foremost, to **listen** to the afflicted person.

It's a pretty little booklet. You skim through the 80 pages and realise you've just been sitting there for the past couple of hours, quite spellbound. You need to grab two copies if you are directly affected/afflicted in some way.

I would recommend that the first copy is regarded as your work copy, and that you write all over it with texta, highlighter or whatever. Those little yellow marker stickers should also be at hand, although you'll need to find the smallest sizes, because this is a very small book. I just pop that sort of information in, because my business is books and words, and I have found that this duplicate system means I can always find something in the marked copy at a later date.

The other copy, of course, is your pristine copy which you will want to keep for a long time and possibly lend to other people. Anyway that's up to you, but the first one really is a workbook and something you won't be able to keep your pen off. The

advice is strong and concise. Some of the suggestions will almost bring a smile to your lips: they are so basic and yet in such a tense situation they are relevant.

I remember a very good guidebook to Versailles once recommending a visit to the McDonald's opposite the train station, before travelling to the glorious palace, because the McDonald's toilets are excellent and the palace queues are horrendous. Little stuff, but stuff that we ordinary mortals appreciate. In the case of *Drugs & Prison*, the equivalent advice is to use the toilet *prior to entering the inner jail*. This is because, if you are taken short (so to speak), your meeting with the sufferer may be prematurely curtailed.

The wonderfully simple *Stepping Stones to Success* program is an adornment to this booklet, shining out like a beacon of hope in a pretty bleak presentation of some people's world. I would assume that everybody reading this review knows about this FDS program/course but just in case somebody doesn't, give the office a ring and they will fill you in. Like the man says, *don't leave home without it!*

There is a comprehensive listing in the back of the booklet detailing the New South Wales correctional centres. I've only ever been inside Kariong. Frankly, I found it a most disturbing experience; and when I realised how many of these institutions exist in the state it was pretty hard to take the fact on board. Getting in is unnerving. When you look around at the razor

wire on the walls, it's pretty hard not to shake your head in something between disbelief and despair.

This booklet lays all bare on the table, very squarely. It is not at all judgemental. It is factual. The advice it offers remains in the hands of the reader: no directions are given but every piece of information is followed by details as to how the reader may access services, or find out more about the particular topic.

Drugs & Prison is an invaluable booklet. It's frank, doesn't pull punches, just tells it like it is. It would be a useful book to read alongside *Not Quite Ripe*. Regardless of the fact that this is an FDS publication and therefore in-house, to highly commend the compilers would not be inappropriate.

§§§ §§§ §§§

Losing Jonathan straightaway reminded me, I guess because of the title, of another book reviewed sometime back, *Saving Jessie*. These family tragedies break everybody's hearts. Jonathan didn't make it. He's American. That doesn't matter. He's universal. The book consists of a great many very short chapters, and so you can pop it somewhere where you spend a little bit of time each day, and catch up with each new episode. Heroin is the devil, the killer, the enemy.

The erudite literary musings, especially very early in the book, had me on side immediately. Romantic

poetry, the gift to the world of Blake, Wordsworth and Coleridge, Byron and Shelley and perhaps the most sensitive of all, John Keats, nestles nicely in the childhood memories. Robert Waxler evokes deepest sadness and understanding with his Wordsworthian references, while Linda brings the maternal warmth that (this mere male accepts) only a mother who has given birth can possibly understand.

The book is permeated by grief and they keep returning with a frustration that to some extent belies some of the hope that equally extends through the book. It's honest.

The choice of the renowned words from Coleridge's *The Ancient Mariner* towards the end of the book:

A sadder and a wiser man

He rose the morrow morn

provides a depth of honesty and realism which, to my mind is equally matched by the book's own penultimate statement, or even some might say, its credo:

The death of our children demands compassion.

The parents are very different people at the end of their story. Sadder and wiser, survivors but never the same. The grief remains forever. I suspect that many readers will nod their heads with empathy.

§§§ §§§ §§§

Finally, we have ***On Thin Ice***. This small booklet is 'a user's guide' and it's another one of those 'in your face' information guides that you can't walk around. If you have picked up this pamphlet/booklet (it's 22 pages long) you probably had some kind of specific interest as parent, user, tempted youngster (or adult), or perhaps as a volunteer helper. The book's physical colouring (blue and white, with a bit of black here and there) is very polar, very arctic, very ice blue; there's a metaphorical coldness.

The sharpness of icicles and the deadness of glacial starkness all combined in my mind to demand a seriousness of approach. The language is straightforward, uncompromising, unsentimental. It's not difficult to read. Your average 14-year-old could get the gist of the information (although of course a handful of the technical words might be beyond an average reader of that age). One would hope that any reader of 16 years or more with an average English education would have no trouble at all with the text.

Whilst the booklet is *straight down the throat/in your face* (to sort of mix metaphors), it isn't written with the intention of walking around anything. If you want to know how *crystalline methamphetamine* (ice) works, what it does, if it differs from *speed*, if you are safe by just taking 'little bits', if you *can* take just a little bits, if you want to know what you're getting into, etc, read this booklet. If you want to know the difference between smoking

and injecting ice, and the different threats/risks involved, read the booklet. If you've heard about the post-stages and the depression/anxiety that often accompanies them, read the booklet.

And what about the all-important social life of youngsters in particular? They might not want to know about most things that we believe will harm them, but they sure as hell want to know if it will harm their social standing.

Watch teenage kids switch off their class work as they leave a schoolroom

lesson. Watch them immediately get into quite intense conversations *vis a vis* their social relationships. These really matter and they make a very relevant target, which this booklet very subtly exploits. It doesn't say 'you'll lose your friends', it doesn't even make threats, it simply lays the facts on the line. It doesn't say you shouldn't ... it even allows that people addicted to ice often may need first and foremost to control it, rather than get off it.

But it gives your intelligence 50 superb and clear reasons as to *why* you shouldn't ever start!