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We All Stand To Gain By Better Drug Policy

Bill Bush

When things go wrong, so often we find fault in ourselves. Resilience is the heads side of the coin. We cast around for ways and means within our power to fix the problem. When all our efforts to put things right fail we tend to blame ourselves. This is the tails side. Flipping from the energy of action to the despair of failure is a familiar dynamic when someone gets in too deep with drugs: it is a dynamic that affects both the young person who uses and her family. Sense of failure, shame, depression, stigma and isolation are so often the bitter harvest. This is the landscape in which Family Drug Support intervenes so effectively. It holds out no quick answers. Through teaching insight into how to cope with the reality, it resurrects hope through another dynamic: by changing what we have control of – ourselves – we promote change of those around us.

The deep rooted inclination to shoulder the blame means that it generally does not occur to families that what governments are doing may be contributing to the suffering that they themselves are going through. Indeed, politicians rely on this.

They assume that families who have been through the mill will line up with them in supporting a simplistic and politically attractive tough on drugs message. After all, the family member would not be in trouble now if he had done what the government said and not decided to use the stuff.

The reform of drug policy is intimately linked to understanding the reality with which family members have to cope. Indeed, perceiving the links may help that process by lifting much of the self-blame and shame. Asking a few obvious questions is a start. Wasn't the government meant to keep drugs away from my children? Doesn't government guidance to parents acknowledge that kids are likely to meet up with drugs and aren't several common teenage personality types prone to try drugs? Why should the law make my drug-dependent son a criminal when it is known that addiction is a chronic relapsing condition recognised as a mental disorder?

It is all too easy for those who do not want these questions asked to forestall families from pursuing them by labelling those who do as 'soft on drugs'. Simply demanding to know what concrete measures one would take is also intimidating. In such a fraught area it is so easy to tear down proposals. It is easier to get agreement on principles and with agreement on principles, the complicated, variable measures that promote them will fall into place.

So what should the principles underpinning drug policy be? Simple:

put life and well-being first and be open to follow where the best available evidence leads. Putting life and well-being first is what Family Drug Support does. It teaches that where there is life there is hope. It values being drug free but, in Tony's words, recognises that giving up drugs 'often takes years of struggle, many attempts at treatment and recovery.' In short when it is a choice between life and abstinence, life must come first. The crucial difference between those seeking and opposing drug law reform is thus not the ideal of being drug free. As Tony puts it: 'None of the families I know want their members to use drugs – all would like to see movement towards being drug-free.' You can tell those opposed to drug policy reform in the way they speak of the human beings continuing to use drugs in demeaning ways like 'junkies' 'worthless' and 'as good as dead anyway.'

Following where the best available evidence leads – the second guiding principle of drug law reform – should also be uncontroversial but it is not. Evidence is the main battle ground. If prohibition were effective in keeping a tight lid on the supply of drugs and did not harm the very people it set out to protect the debate about drug law reform would be a side issue between those committed to paternalism and libertarians and others committed to freedom of choice. The rest of us would get on with our lives. But the fact is that the best available evidence points to prohibition being both ineffective and the cause of enormous harm.

Market indicators of stable or falling prices, increasing purity and surveys of availability confirm what families know from their bitter experience. In the last hundred years the illicit drug market has grown from virtually nothing to become gigantic. Turnover is on a par with the global trade in oil and gas. The addicted user who deals to feed her habit is the disposable bottom layer of the distribution pyramid – cannon fodder of the drug war. At most, local policing merely displaces the market. The big fish rarely if ever get caught and the extent of interdiction is never consistently high enough to put the cartels out of business. It is almost certain that commercial considerations rather than boasted Australian law enforcement led Asian suppliers in 2001 to substitute methamphetamine for heroin to produce Australia's famous heroin drought. They rather than politicians should have credit for the resulting large reduction in overdose deaths.

Australia professes a policy of harm minimisation but this merely softens some of the many hard, harmful edges of prohibition. In the words of the official committee that drew up the model criminal code on drug offences '... it has become increasingly apparent that significant elements in the harm which results from habitual use of illicit drugs are a consequence of criminal prohibitions and their effects on the lives of users. Quite apart from the risks of arrest and punishment, there are risks to health or life in consuming illicit drugs of unknown concentration and uncertain composition. The circumstances in which illicit drugs are consumed and the widespread practice

of multiple drug use add to those risks. Medical intervention in emergencies resulting from adverse drug reactions may be delayed or denied because associates fear the criminal consequences of exposing their own involvement. The illicit consumer's expenditure of money, time and effort on securing supplies may lead to the neglect of other necessities. It will often impose substantial costs on the community, and the user, if the purchase of supplies is funded from property crime. Further social costs result from the stigmatisation of habitual users as criminals and their alienation from patterns of conformity in employment, social and family life.'

We as individuals should not harm others. In exactly the same way those in government are wrong to harm the people. They are also wrong in refusing to accept the good evidence that exists. Take, for example, the controversial matter of medically prescribed heroin. In the last few days the prestigious *New England Journal of Medicine* has reported the success of a heroin trial in Canada in stabilising severely dependent opiate users. Four earlier European trials came to the same conclusion. Heroin prescription is now part of the suite of standard treatments available in Switzerland, The Netherlands, Germany and Denmark. The intervention (like other effective treatments) dramatically reduces crime. It allows those who have failed other treatments to regain control of their lives. Once stabilised many move to other treatments or attain abstinence. There is little or no evidence that overall drug use increases as a result but rather the reverse.

One might expect there to be lively discussion and research by Australian drug research institutions on the application to Australia of these findings. Alas, by and large this is lacking, not least out of fear that researchers who venture into politically sensitive areas will lose research funding. How else is it possible to explain the absence of any reference on the website of the Institute of Criminology to the possibilities of heroin prescription as a crime reduction measure? At stake are dramatic sustained falls of more than 80% in serious property crimes and drug dealing achieved within a matter of months of commencement of treatment? Insisting on proof that such interventions will produce these benefits in Australia is a common technique used to block acting on inconvenient evidence like this. Demanding proof as opposed to persuasive evidence of effectiveness of a new measure when the existing system has never itself been shown to be effective is an unethical ruse and inconsistent with scientific method.

So yes, people and families whose life has become entangled in drugs have the prospect of a new life with a drug policy that puts life and well-being first and insists that policy reflect the best

available evidence. It must be acknowledged, though, that the road to that point is a rough one that is not for everyone. If you think it may be for you, get in touch with Families and Friends for Drug Law Reform. In any case, follow the standard phone line advice: get yourself informed for you never know when you may find yourself in a conversation with a neighbour, a friend or a politician where the information you pick up is useful. The Family Drug Support secret formula to change others by changing ourselves has wide application.

We need to remember, too, that finding a better way for the community to handle drugs is relevant not just to those of us close to drug issues. The evidence is there that drug policy plays a big part in all of Australia's toughest social problems. With mental health, co-existing substance dependence is the expectation rather than the exception. Prisons are filled with people who have these co-morbid conditions. Substance abuse is common in child protection cases. The list goes on and on including homelessness, unemployment, suicide and school drop out. We all stand to gain by better drug policy.

Website of Families and Friends for Drug Law Reform: www.ffdlr.org.au

A Guide To Coping

Would you like a new/replacement/spare copy of 'A Guide to Coping'?

Copies are available for the discount price of \$10 (normally \$15) plus postage of \$2.75.

If you would like to order one or more please contact the office on (02) 4782 9222 or send cheque/money order to PO Box 7363 Leura NSW 2780.

INSIGHTS OUT

Well, we are right in the heart of our busy season now, finishing annual accounts and our annual report, doing incredibly complex compliance reporting that funders require, and trying to maintain all our services at the same time. I guess it's the same for all charities and NGOs, and it's certainly true that the more work we take on, the more red tape there is to process.

The Mulgoa weekend volunteers' workshop is over for another year. What a great event with more than 60 volunteers attending from Adelaide, ACT, Brisbane, Victoria and all parts of NSW. All I can say is that it is very humbling to be working with such dedicated, committed, interesting, generous and fun people. My thanks to all who made it such a great event.

On a sadder note, of course, is that this is the time of year when we focus on remembering those who have lost their lives to drugs.

Included in the Events page are details of Remembrance events in Canberra, Newcastle and Ashfield. Although deaths are thankfully fewer than they were ten years ago, there are still too many. I have personally spoken to four parents in the last week who have lost loved ones in the most tragic of circumstances.

The saddest thing of all is that these deaths were totally preventable. Someone asked me recently how often I think of Damien. My initial response was to say 'daily' – the reality is literally every hour of every day. I guess it will be this way for the rest of my life. This is why these events are so important for families to remember people, not for the drugs they used, but for their talents, qualities and personalities. Please come along and give your support and bring a plate for supper.

I am off to Estoril in Portugal in early October to speak at an international NGO conference on the needs of families. These opportunities are important to talk about the FDS model and connect with other groups from around the world.

The other news is that the FDS helpline (and ADIS) have recently been reviewed by an independent reviewer of NSW Health. The review is complete and we are hoping that the outcomes will be positive and it will position us well for extra resources and influence.

We also welcome several new telephone volunteers and trust that you will all have a long and enjoyable time with FDS.

Until next time, take care – Tony T

Mulgoa Wrap: Letters To The FDS Editor

Dear Sandra, Tony and the whole crew at FDS,

I would just like to thank you for the opportunity to attend such a fun filled, mind expanding, skills enhancing weekend! Everything was beyond my expectations. I have gained and

absorbed so much and hope to give it back on the line. That is the least I can do, thanks again – Duysal

PS: I must have written down the wrong password for the volunteer log in, can you please give me the right one, thank you.

§§§ §§§ §§§

Hello fellow FDSers,

Guys, this was my fifth/sixth Mulgoa and I would like to tell you what I experienced, and what I came away with.

On arriving Friday night, we watched a video of an International Drug Conference that Tony Trimmingham attended (and starred in) in New Zealand. It's heartening to see a common trend developing everywhere in the attitudes to drugs and alcohol.

Saturday morning started with the usual review of our Helpline procedures – I really look forward to this one – I sometimes get sloppy and forgetful in doing my record keeping and need reminding and being remotivated in doing the stuff that is required. The Stats session is useful for seeing how all the details come together to form a big picture.

The highlight for me was the empathy session on Saturday morning – it's what we are about as phone volunteers and it

set the scene for me over the rest of the weekend.

I really love the small group sessions where we break into groups of six or seven and discuss issues – It's great to experience the honesty, the openness, the wisdom. I am sure that some enduring friendships have developed over the years from these meetings

I am sure the Guest Speaker session on Saturday afternoon will be talked about for years – I had to tell my family and friends about that one!

I have recently avoided attending the Saturday night entertainment – this time I'm glad I went – there's still some life in the old legs!

On Sunday morning we watched a film, *Ben, Diary of a Heroin Addict*. I found this very moving and informative – unlike many of our volunteers. I have not experienced a user in my family. We were warned beforehand that this movie could be very confrontational – a couple of our comrades were deeply

affected by this one. My hope is that this was cathartic for them.

I have a growing respect and appreciation for the care that goes into these weekends – setting up all the various sessions, entertainment, accommodation, meals etc.

I feel very honoured to be part of such an organisation.

Thank you, and see you all next year.

Dennis Matthews

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Dear FDS Volunteers,

I just want to let everyone know, while the experience is fresh and sparkling, that the annual Mulgoa weekend is as fantastic and worthwhile as touted in the previous editions. I nearly didn't go as I had been away the previous weekend and it meant I had to organise my daughter and all that stuff and get in the car and drive again. I think I decided to go as I was drawn by the need to re-connect with the spirit of FDS as I had enjoyed the training in February this year.

Of course curiosity played a part. So I grabbed my stuff, picked up Magda another volunteer and made it to Mulgoa village before the Friday traffic. It's really only a 45 minute drive from the inner west of Sydney, and then you are winding down pleasant country roads. The Edmund Rice Centre is very comfortable, the

rooms are warm and the food was tasty, fresh and we didn't have to do anything, just enjoy it.

For me it has renewed my focus on the organisation, its aims and the fantastic variety of people of all ages and types that are at its core. I forgot to say the word 'humbled' when we went around the closing circle on Sunday afternoon. That is the word and the feeling that stays with me after this weekend. Laughter was abundant, particularly as we slowly realised what a wonderful hoax had been played on us by Tony, Sandra and Dr Jose, I went to sleep replaying some of the things said by this ... (words fail me) and I was grinning from ear to ear. You gotta laugh. You gotta sing. And for goodness sake do not be afraid to Love. Not bad for one weekend.

PS: Hi D group, love ya. Michal

Youth Drug Support www.yds.org.au

Family Drug Support www.fds.org.au

For up-to-date information on drug support and activities

Stepping Stones

A strong man in body and mind
Is what every body said in me you would find

But in early 2009
My whole world crashed &
I found that help was hard to find

I had lost one son to suicide
And realised that my other son
Had an addiction that we could not hide

My friends told me what I wanted to hear
But this was not the help that I needed,
Nowhere near.

I came to realise that for me to cope
I not only had to understand my loss
I needed to be more than just a family boss

I had to learn to understand my son's addiction
I recognised that I needed help in dealing with this affliction

I reached out;
It was help I needed to find
But in this search
I may as well have been blind

Plenty of help for the addict I found
But not a lot for the family was around

The phone book the brochures the help lines were all explored
And finally a web site offered me a glimmer of hope

I swallowed my pride, collected my scattered thoughts
& dialled the number for family drug support

A passionate lady took my call;
She was from Queensland, not far away at all

She listened to my plight
Assured me that what I was doing was right

She understood that I wanted to save my youngest son from such a fall.
She explained that he needed me to understand him, to be strong and stand tall

By the end of that day I had spoken at length
To a bloke called Tony a lady called Kath.

Their words were caring, honest and warm
& they introduced me to Stepping Stones
I decided to attend
I knew I couldn't go it alone

The very next day I attended the first meeting
Michael and Kath organised the seating

I found that warmth and acceptance
Mixed with apprehension was the mood of the meeting
But what I remember most of all
Was the non judgmental greeting

The Stepping Stones program at times is confronting
And intense
But through friendship, knowledge and support
I know a better life can be spent

We have all opened up to share our grief,
Our fears,
Our doubts
And our lack of understanding of addiction
And with the help of each other
I know we can go on through the days head
With much more conviction.

Many a parent and wise person has said
That parenting doesn't come with a handbook
But I say to those with teenagers you should give this course
& book a bit of a look

It may not seem to be relevant to all
But a little knowledge may save another loved one from addiction or a fall

Stepping Stones has given me hope,
Understanding,
Friendship and most of all the knowledge
That I am not alone and that there is support
The only thing that disappoints me is that the course is so short

However I know that amongst us there has become a bond
That will be there to help us through our troubles and beyond

Geoff T

Tide Turns In Favour Of Drug Reform

Alex Wodak

One hundred years ago, the US convened the International Opium Conference. This meeting of 13 nations in Shanghai was the beginning of global drug prohibition.

Prohibition slowly became one of the most universally applied policies in the world. But a century on, international support for this blanket drug policy is slowly but inexorably unravelling.

In January, Barack Obama became the third US president in a row to admit to consumption of cannabis. Bill Clinton had admitted using cannabis but denied ever inhaling it. George Bush was taped saying in private he would never admit in public to having used cannabis. When Obama was asked whether he had inhaled cannabis, he said: 'Of course. That was the whole point.'

Obama has candidly discussed his drug use. 'Pot had helped, and booze; maybe a little blow [cocaine] when you could afford it.' He has also admitted the 'war on drugs is an utter failure' and called for more focus on a public health approach.

In February, a Latin American drug policy commission similarly concluded that the 'drug war is a failure'. It recommended breaking the 'taboo on open debate including about cannabis decriminalisation'. The same month, an American diplomat said the US supported needle-exchange programs to

help reduce the transmission of HIV and other blood-borne diseases, and supported using medication to treat those addicted to opiates.

In March, the United Nations Commission on Narcotic Drugs met in Vienna as the culmination of a 10-year review of global drug policy. A 'political declaration' was issued which, at the urging of the US, excluded the phrase 'harm reduction'. This omission caused a split in the fragile international consensus on drug policy and resulted in 26 countries, including Australia, demanding explicit support for harm reduction in a footnote.

In April, Michel Kazatchkine, of the Global Fund to Fight Aids, Tuberculosis and Malaria, argued in favour of decriminalising illicit drugs to allow efforts to halt the spread of HIV to succeed. The same month, a national Zogby poll in the US provided evidence of changing opinion on the legalisation of cannabis: 52 per cent supported cannabis becoming legal, taxed and regulated.

In May there was movement on several fronts. The Governor of California, Arnold Schwarzenegger, said: 'I think it's not time for [legalisation], but I think it's time for a debate.' He was supported by a number of other American politicians, while Vicente Fox, a former Mexican president, said he was not yet convinced it was the

solution but asked: ‘Why not discuss it?’ The Colombian Vice-President, Francisco Santos Calderon, is already convinced. ‘The only way you can really solve the problem [is] if you legalise it totally.’

Obama’s drug czar, Gil Kerlikowske, the director of the Office of National Drug Control Policy, said he wanted to banish the idea of fighting a ‘war on drugs’, while the United Nations Secretary-General, Ban Ki-moon, said criminal sanctions on same-sex sex, commercial sex and drug injections were barriers for HIV treatment services. ‘Those behaviours should be decriminalised, and people addicted to drugs should receive health services for the treatment of their addiction,’ he said.

In Germany, the federal parliament voted 63 per cent in favour to allow heroin prescription treatment.

In July, the Economic and Social Council, a UN body more senior than the Commission on Narcotic Drugs,

approved a resolution requiring national governments to provide ‘services for injecting drug users in all settings, including prisons’ and harm reduction programs such as needle syringe programs and substitution treatment for heroin users. This month, Mexico removed criminal sanctions for possessing any illicit drug in small quantities while Argentina is making similar changes for cannabis.

Portugal, Spain and Italy had earlier dropped criminal sanctions for possessing small amounts of any illicit drug, while the Netherlands and Germany have achieved the same effect by changing policing policy.

It is now clear that support for a drug policy heavily reliant on law enforcement is dwindling in Western Europe, the US and South America, while support for harm reduction and drug law reform is growing. Sooner or later this debate will start again in Australia.

Alex Wodak is director of the Alcohol and Drug Service at St Vincent’s Hospital.

Pharmacotherapy Maintenance Treatment In Australia

Two new reports from the Australian National Council on Drugs (ANCD) ‘Pharmacotherapy Maintenance Treatment in Australia’ and ‘The Many Sides of Australian Opioid Pharmacotherapy Maintenance System’ state that the evidence base to support

the effectiveness of pharmacotherapy maintenance treatment for the treatment of opioid dependence is compelling and substantial.

The reports confirm pharmacotherapy treatment as a safe and effective treatment of opioid addiction.

Furthermore, they reveal that while pharmacotherapy services in Australia are better than in many other countries, there is still room for improvement.

These commissioned reports, prepared by the Drug Policy Modelling Program (DPMP), are to be launched in Sydney with a half day seminar on the 17th August 2009 at which the authors of the reports and a number of experts within the field will speak.

The reports outline a number of key issues which will resonate with those familiar with pharmacotherapy programs in Australia:

Of the estimated \$11.73 million dollars per month currently expended on pharmacotherapy services the majority is government funded – States, Territories and to a lesser extent the Commonwealth. However, clients cover the remaining 33% out of their own pockets.

The total cost of pharmacotherapy services in Australia is substantially less than treating other chronic diseases and more importantly is cost effective in addressing the range of harms associated with not being in treatment.

- All jurisdictions now provide pharmacotherapy treatment with the vast majority of treatment being provided within the private sector through general practice and with clients receiving their medication from community pharmacies.
- There are insufficient treatment places to meet demand

- The availability of pharmacotherapy programs within correctional systems remains very limited with the exception of a few jurisdictions.

Dr John Herron, Chairman of the ANCD said ‘The commitment to this program by State, Territory and Federal Governments has been vital in the success to date. However, the reports clearly indicate that a significant impediment to improving access to this treatment by people addicted to heroin has been the large client co-contributions to the cost of the treatment. Reducing the client costs will not only improve access but could very well increase the amount of time people spend in treatment, and the evidence is clear that this increases the chances of success.’

Associate Professor Alison Ritter, Director of DPMP, commented, ‘While we are clear on the number of people receiving opioid dependence treatment in Australia, there is less accurate estimations on the numbers of dependent users in Australia and the duration of time they spend between treatments. Despite these uncertainties, our research indicates that there is unmet demand for treatment.’

The reports summarise the key issues for the Australian pharmacotherapy programs. These include:

- Accessibility of treatment (including the different ways treatment is delivered (in clinics or in primary care),

- Affordability of treatment to patients,
- Availability of treatment (number of places), and level of stigmatisation experienced by patients as a consequence of participation in pharmacotherapy programs.

Associate Professor Robert Ali, an Executive member of the ANCD, added ‘The participation of a greater number of GP prescribers and community pharmacy dispensers across the country could be the solution to the problem of accessibility. In regard to affordability this will require some difficult discussions between the Commonwealth and jurisdictional governments, as the ANCD believes that clients cannot continue to be expected to bear such significant costs to participate in treatment.’

The ANCD’s Executive Director Gino Vumbaca further added ‘The early introduction of the pharmacotherapy maintenance program in Australia

helped prevent an HIV epidemic in Australia. This coupled with the clean needle programs have maintained relatively low rates of HIV.’

‘Recently the United Nations Office of Drugs and Crime identified a substantial increase in heroin production from both Afghanistan and to a lesser extent Burma. This coupled with the recent recognition of an increase in prescription opioid dependence means that it is timely to consider the best mix of services to provide adequate availability, accessibility and affordability of the pharmacotherapy maintenance treatment program.’

A range of experts will speak at the national launch of the report and key findings from the report in Sydney on Monday 17 August located at St Vincent’s Hospital commencing at 10am.

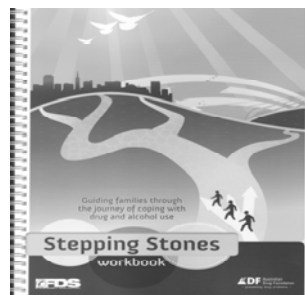
Enquiries to Gino Vumbaca on 0408 244 552 or Tracey Kristiansen on 0424 640 692

New Stepping Stones Workbook

The Stepping Stones course is now contained in a workbook. It is ideal for those who live in areas where the group is not offered. The workbook contains all the course material, as well as exercises and homework, and can be supported via the FDS office.

Cost: FDS Members \$40.00 plus postage \$12.00
 Non Members \$55.00 plus postage \$12.00

PO Box 7363, Leura NSW 2780



Decriminalise Or Legalise Illicit Drugs?

Evan Thomas

The subject of FDS increasing its advocacy for Drug Law Reform was raised by Tony at our Mulgoa workshop. The following may be helpful to those new to this complex matter. Legalisation implies freedom to manufacture, distribute and sell, with perhaps quality and user age qualifications. Decriminalisation implies government approval to prescribe for trial and some therapeutic uses, and an embargo on legal pursuit of users.

Debate on this issue is not new. When the former Coalition Government was elected in 1996, drug problems were escalating and John Howard launched new policies under the banner 'Tough on Drugs' in 1997. Whilst he espoused 'Zero Tolerance', a slogan rather than a policy in my view, it was clear zero tolerance was practical only in closed communities such as the Defence and Police Services. In fact the Prime Minister has only limited authority in establishing our National Drug Policy.

In 1985 Bob Hawke, following revelations of drug problems in his family, called a national conference of State and Territory ministers which established the National Campaign against Drug Abuse. This meeting determined, amongst other matters, that drug policy was the provenance of the Federal and all the State and Territory Governments.

The onset of the HIV-Aids epidemic forced a much greater emphasis on Harm Reduction.

The Howard Government, whilst criticised for its attitude towards drug users, in fact increased funding for research, treatment and support services including FDS, during its period in office.

Few members of the public or politicians would support a policy that included the words decriminalise or legalise drugs in the same sentence. The public has become indoctrinated by sensationalist stories such as appear on Sydney's Channel 9, the Sydney Daily Telegraph, attitudes that are supported by conservative politicians from both major parties. In the unlikely event the Prime Minister proposed decriminalising illicit drug and was supported by the Pope and the Archbishop of Canterbury, the proposed changes would not be readily accepted by the Australian people.

In one election the Greens party in fact advocated some decriminalisation of drugs; they received such a rubbishing from the media and other parties that they quickly abandoned the idea. Today the first point in their policy statement asserts that the Greens do not advocate the legalisation of illicit drugs.

In the UK controlled legally prescribed heroin is available in some locations and the Netherlands, Germany and

Canada are trialling prescribed heroin while in Denmark a trial is proposed.

Heroin is legally available to habitual heroin users in Switzerland in 23 centres following a trial which commenced 12 years ago, and, following referendum, is now enshrined in law.

In 2001 Portugal decriminalised illicit drugs. Time magazine quoting The Cato Institute research says 'Judging by every metric, decriminalisation has been a resounding success; it has enabled the Government to manage and control the drug problem far better than virtually any other western country'.

In 1997 a proposal for a prescribed heroin trial for the ACT was vetoed by John Howard.

While we live in a country where free speech is a valued right, sometimes our utterances can have unwelcome outcomes. In the early days of FDS Tony was a fearless advocate of reforming drug laws and practices, and was a demonstrator in favour of the

Sydney Medically Supervised Injecting Centre. However his position on illicit drug matters was well known amongst those in high places and may have prejudiced the decision makers in governments. In 1997 John Howard initiated Australian National Council on Drugs and appointed Tony as a Council member. Three years later Tony was not reappointed for any obvious reason.

Perhaps we should approach advocacy with caution.

However it is worth considering what paths are open to us to reopen the debate on law reform. One avenue which might be worthy of consideration is to call for an enquiry into the Tough on Drugs policies. Introduced in 1997 they are overdue for examination. What works and what do not? What is cost effective and what is doubtful? What works overseas? Our chief poo-bah in Canberra is very keen on enquiries. None so keen, in fact, since the Domesday enquiry in 1068 initiated by William the Conqueror.

References: *Wikipedia*, *Time Magazine* and personal files

Cost A Barrier To Methadone Treatment

Adam Cresswell, *The Australian* (17/8/09)

Heroin addicts are being deterred from entering methadone treatment programs by high costs often exceeding \$400 a month, and a shortage of GPs and pharmacies willing to prescribe and supply the drug.

Despite a perception that methadone programs are public schemes that treat patients free of charge, a new report released today shows the bulk of prescribing is done by private doctors, with 80 per cent of methadone dispensed in community pharmacies. In these situations, patients have to pay

one-third of the costs themselves -- something the Australian National Council on Drugs says is proving a barrier to treatment.

Methadone and another opioid drug, buprenorphine, are often used in controlled doses as maintenance therapy to enable heroin addicts to stay off the illicit drug, the injection of which is associated with other health risks including the spread of blood-borne viruses.

But the report released by the ANCD found patients were collectively paying \$3.9 million a month towards this treatment, out of the total cost of \$11.7m.

The lion's share of \$5m a month was paid by state and territory governments, with the federal government picking up the remaining \$2.7m. 'In some cases some people have approached me and said it's costing them up to \$100 to \$150 a week to stay on methadone,' said ANCD executive officer Gino Vumbaca.

'On top of that they have travel costs. If you are living in a densely populated urban setting, that won't matter as there's likely to be a participating pharmacist nearby, but in other areas it's a different story.'

Alcopops Tax Passes Senators

The Mercury (14/8/09)

The federal government's alcopops hangover has been cured after a controversial tax hike slapped on the drinks was passed by the Senate. The 70 per cent tax rise on ready-to-drink alcoholic beverages was opposed only by Family First senator Steve Fielding in the vote on Thursday.

The tax on alcopops jumped from \$39.36 to \$66.67 per litre of alcohol as a result of the government's move, bringing the impost into line with tax on straight spirits.

The measure, which will pour \$1.6 billion into government coffers over four years, has been labelled a tax grab

by the spirits industry and some in the coalition.

The federal opposition, who with the help of Senator Fielding voted down an earlier attempt to pass the tax, supported the legislation this time round. However, Nationals Senate leader Barnaby Joyce said after the vote that his party did not support the legislation.

'We see it as no more than another tax grab,' he told parliament. 'It is not going to change the health of teenagers.'

Senator Joyce said he didn't take the vote to a division because it was clearly going to be passed anyway.

The move also left a sour taste for the Distilled Spirits Industry Council of Australia (DSICA), which claimed it would cost drinkers an extra million dollars a day.

‘Everyone knows this is a tax grab masquerading as health policy,’ DSICA spokesman Stephen Riden said. ‘It has failed to reduce alcohol misuse and instead slugs ready-to-drink drinkers an extra million dollars a day.’

In defence of the tax rise, manager of government business in the Senate Joe Ludwig said the draft laws closed a loophole by which alcopops had been taxed at a lower rate than other spirits.

‘Alcopops will now be taxed at the same rate as other spirits, not more, not less,’ he said.

Beer and grape wine products which attempted to taste like alcopops would also now be taxed as a spirit-based product.

Senator Ludwig vowed to honour a pledge to adopt \$50 million worth of anti-binge drinking measures negotiated by the Australian Greens and Independent senator Nick Xenophon.

‘After a long and protracted debate, it is good to see an outcome that will result in positive movement aimed at tackling binge drinking in this country,’ Greens senator Rachel Siewert said.

Health Minister Nicola Roxon said the alcopops tax increase had cut into spirits consumption, saying 720,000 fewer standard drinks were being

consumed each week after the legislation was adopted last year.

Health and anti-alcohol groups welcomed the tax hike, saying the extra money would be directed at the root causes of binge drinking and help wean sporting clubs off alcohol sponsorship.

Alcohol Policy Coalition member Craig Sinclair from Cancer Council Victoria said the creation of a \$25 million health sponsorship fund for community sport was particularly significant.

‘This initiative will support sporting and cultural activities across the country to get out from under the grip of the sponsorship deals that have been provided by the alcohol industry,’ he said.

John Rogerson, CEO of the Australian Drug Foundation, said the mandatory health warnings on alcohol advertising also contained in the agreement were another significant step forward in tackling the burden of alcohol in the community.

Australian Medical Association president Andrew Pesce said the next step was to roll out alcohol taxes even further. ‘It’s time now to ... establish a ‘volumetric tax’ on all alcohol beverages, so that the more alcohol a beverage contains, the higher the tax it attracts,’ he said.

The Excise Tariff Amendment (2009 Measures No. 1) Bill 2009 (No. 2) and Customs Tariff Amendment (2009 Measures No. 1) Bill 2009 (No. 2) await royal assent.

Undeserved Hangover For Family & Friends

Adele Horin, *Sydney Morning Herald* (6/8/09)

Almost 30 per cent of Australians aged over 18 are adversely affected by the drinking of a close family member, boyfriend, girlfriend, colleague or friend, a new survey shows.

And 73 per cent of adults report having been adversely affected by someone else's drinking in the past year.

The study is the first of its kind to measure the adverse impact on others of drinking behaviour.

'Drinking often results in harm not only to the drinker but also to others,' said Robin Room, professor in social alcohol research at the University of Melbourne, and lead author of the study.

'Yet most of the measurement we have of the harms from drinking concerns harms to the drinker.'

The telephone survey of 2649 adults reveals that while young people are often the butt of criticism about their own drinking, they are also the most likely to suffer harm from other people's drinking behaviour.

For example, more than 40 per cent of women aged 18-29 had been negatively affected in the previous year by the

drinking of someone they knew well – a household member, a boyfriend, close relative, friend or co-worker – and 14 per cent of them said they had been affected 'a lot'.

Middle-aged women are not far behind, with more than one-third of them having been affected in the previous year by the drinking of someone they knew well, 12 per cent of them saying it had affected them 'a lot'.

When asked to nominate how often the close relative or friend in question drank at least five alcoholic drinks, survey respondents nominated an average of four times a week, well over the guidelines for safe drinking.

Professor Room said substantial numbers of people were being affected by other people's drinking. 'The troubles from drinking are not minor.'

The study, *When Others Drink Too Much*, finds that 43 per cent of adults have experienced in the previous year a degree of abuse, threat, sexual pressure, or other serious consequence of a stranger's drinking.

The findings were presented at the Australian Drug Foundation's Thinking Drinking conference in Brisbane.

Rhonda's Story

Hi everyone involved with this magazine. My name is Rhonda, single person. My beautiful son is the reason I am writing this letter.

I only by accident came across a phone number out of a phone book and it was yours. The middle of the night, when I was scared and worried about how my son's life was going.

We have had the best time on our own since he was four. Our interest is horses, the reason we got involved to show my son how great life can be and give him an interest we could share together. His riding became great, his confidence soared for at least 10 years we tripped about dragging the float and horse. Great years.

At 17, his first job in the mines in Queensland, too much money too soon in such a short time I could see his life getting messed up. Mixing with people doing stupid, dangerous things. An angry young man, so lost.

I don't believe my son was involved in more than marijuana, speed and binge drinking. But I could see I had to do something drastic. We have only a small family, his sister, me and his brother-in-law and two beautiful granddaughters. They were living in Tasmania. So after Andrew asked me several times, I shipped him off to Tasmania, where he has been living on

a farm high up in the mountains. Living with love, getting his life back, clearing his head. Now back in Queensland after a year without a job he is worrying again, paying off his bills and I am so grateful for getting on the phone to you guys you gave me the skills to go ask for help. To support him and not judge him. Lucky there was a new group in Charters Towers where we were living and their support was so helpful.

Whether my son goes off the rails again I don't know but he seems to have a different attitude now, happier more content. So for now I keep positive and seem to ride the waves much better.

I have my beautiful son back. Having had to say goodbye to one of my daughters taken by a terrible disease many years ago you would think the worry and pain of Andrew getting involved in this crap would not have scared me so much. But it is by far so much worse. I see a lost generation happening before my eyes, so hard to fight. Will the world ever stop this disaster?

Your magazine is so helpful, it has opened my eyes and helped me so much. When I read your stories, of kids so lost in pain and turning their lives around, I see hope.

We need more groups like yours. So few in Queensland, so much need. Is there anyway of spreading your needed work to sunny Queensland. We need your organisation.

Events Diary

STEPPING STONES COURSES

Sat 12 & Sun 13 Sep

Sat 26 & Sun 27 Sep

9.30 am – 4 pm

PORT MACQUARIE

(course runs over 2 weekends with break in-between)

Venue: 53 Lord St, Port Macquarie (next to ABC)

Enquiries: Pam 0438 994 269

Sat 12 & Sun 13 Sep

Sat 19 & Sun 20 Sep

9.30 am – 4 pm

SYDNEY

(course runs over 2 consecutive weekends)

Venue: TBA

Enquiries: (02) 4782 9222

Sat 17 & Sun 18 Oct

Sat 24 & Sun 25 Oct

9.30 am – 4 pm

BALLARAT

(course runs over 2 consecutive weekends)

Venue: Novotel Forest Resort, Corkwood Room,
1500 Midland Highway, Creswick

Enquiries: Linda 0400 106 358 or (02) 4782 9222

Sat 31 Oct & Sun 1 Nov

Sat 7 & Sun 8 Nov

9.30 am – 4 pm

KEMPSEY

(course runs over 2 consecutive weekends)

Venue: TBA

Enquiries: Pam 0438 994 269 or (02) 4782 9222

Every Wednesday

14 Oct - 9 Dec

9.30 am – 12.30 pm

CANBERRA

(course runs over 9 weeks)

Venue: Training Room, ACT Health Building, Level 1,
Moore St, Canberra

Enquiries: Louise or Kate 6205 4515

Sat 21 & Sun 22 Nov

Sat 28 & Sun 29 Nov

9.30 am – 4 pm

ADELAIDE

(course runs over 2 consecutive weekends)

Venue: Elura Clinic, 74 Hill St, North Adelaide

Enquiries: Kath 0401 732 129 or (02) 4782 9222

Sat 14 & Sun 15 Nov

Sat 21 & Sun 22 Nov

9.30 am – 4 pm

SYDNEY

(course runs over 2 consecutive weekends)

Venue: TBA

Enquiries: (02) 4782 9222

REMEMBRANCE SERVICES

Saturday 24 October

6 pm

SYDNEY

Venue: Ashfield Uniting Church, 181 Liverpool Rd,
Ashfield

Enquiries: (02) 4782 9222

Followed by a light supper

REMEMBRANCE SERVICES cont ...

Saturday 24 October

NEWCASTLE

4.30 pm

Venue: Christ Church Cathedral, Church St, Newcastle
Enquiries: Judy Griffiths 0401 305 522
Supper provided after the service

Monday 19 October

CANBERRA

12.30 pm

Venue: Families & Friends for Drug Law Reform,
Weston Park, Yarralumla ACT (Memorial Site)
Enquiries: Marion or Brian 6254 2961
Light lunch provided

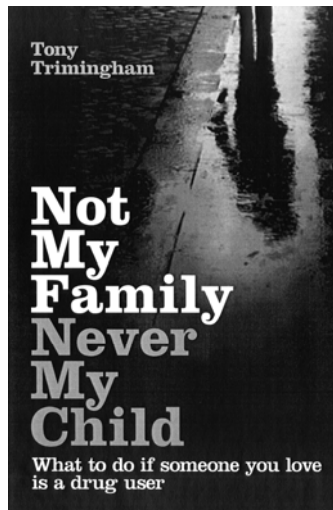
BOOK LAUNCH

Thursday 22 October

'Slipped Through The Net'

5 pm

The story of Melrose Desmond Donley by Elly Inta will be launched by The Honourable Linda Burney at The Jubilee Room, Parliament House, Macquarie St, Sydney.
RSVP: Elly 9879 3921 or email: e_inta@bigpond.com



Not My Family Never My Child **A guide for families affected by drugs**

Available at the discounted price of \$20 plus \$4.20 postage
Send your payment to PO Box 7363, Leura NSW 2780
or ring the office on (02) 4782 9222 to obtain a copy.
Signed copies are available upon request.

NEWS FROM OVERSEAS

United Kingdom

WHY IT'S TIME TO END THE WAR ON DRUGS

Carlisle Racecourse, near the border between England and Scotland, is not usually regarded as one of the world's great centres of progressive thought. It is not even one of the great centres of British horse racing. But in a hospitality room there in June, the director of public health for Cumbria, Professor John Ashton, startled a room full of local delegates at a conference entitled 'Tackling Drugs, Changing Lives' by calling for total legalisation. 'The war on drugs has failed,' he said. 'We need to think differently.' He said that heroin, and everything else now banned, should be available over the counter in chemists' shops.

At any rate, he certainly startled the reporter from the Carlisle News & Star who made a splendid splash with the story, giving just a paragraph to the counter-argument from Detective Superintendent Paul Carter of Cumbria Police. 'Class A drugs destroy the fabric of people's lives,' he responded. 'We have to do everything we can to get people away from drugs like heroin and cocaine.' Well, 'Cop Backs Drug Laws' hardly sounds like news, does it? But actually it is Carter who seems increasingly out of step.

For decades many academics and professionals have regarded the current blanket prohibition on recreational drugs (though not alcohol or tobacco) as absurd, counter-productive and destructive. But there has never been any political imperative for change, and a thousand reasons to do nothing.

For nearly 40 years, since the habits established in the 1960s took root in society, there has been a stand-off. Across the free world, and most of the unfree, anyone seriously interested in smoking, snorting, swallowing or injecting illegal substances can acquire the wherewithal with a little effort, and proceed without much fear of retribution, particularly if they are wealthy enough. Police and politicians say they are interested in punishing the suppliers and not the users. This is an intellectual nonsense, but it has suited everyone who matters. The drug users don't care; governments have felt no - pressure to attempt a politically dangerous reform; and above all it suits the international gangsters who control the drug business, which offers massive rewards and - for them - minimal risks.

But 2009 has seen a change: among the academics and professionals who study this issue, from Carlisle Racecourse to the think-tanks of Washington, there is growing sense that reform is possible and increasingly urgent. The argument is not that drug use is A Good Thing. It is that the collateral damage caused by

the so-called war on drugs has now reached catastrophic proportions. And even some politicians have started to think this might be worth discussing. The biggest single reason (as with so much else this year) is the Obama Effect. In one way, this may be short-lived since the president's reputation will eventually be tarnished by reality. But the chief barrier to reform has been that the international agreements barring the drugs trade have been enforced primarily by threats of retaliation from the White House.

Obama is the third successive president believed to have used illegal drugs: Bill Clinton famously did not inhale; in a conversation that was secretly taped when he was governor of Texas, George W. Bush didn't deny that he had smoked marijuana or used cocaine; Obama has admitted using both dope and 'a little blow'. Unlike the other two, he is also on record as favouring decriminalisation of cannabis and more generally addressing the problem. The president having other preoccupations, there is no sign of him proposing the Do What The Hell You Like Bill to Congress any time soon. There is every sign that the blanket ban on other people's initiatives has been partially lifted.

Obama has also come to power amid a growing sense of alarm about the US prison population. Nearly four million Americans are either physically in jail (including almost 5 per cent of all black males) or under some form of state or federal jurisdiction. About 20 per cent of these are listed as having committed drug offences. But this must be a gross

underestimate of reality. I recently asked a British judge what percentage of the defendants in his court were there for drugs-related crimes: not just direct breaches of the drug laws, but also crimes committed by those whose behaviour was affected by drug use or who were trying to obtain money to buy them. He thought for a moment then said: 'Sixty per cent. And most of the rest involve alcohol.' We may assume that, in the more drug-pervasive - American culture, the figure would be higher than this.

At the same time, Americans have seen on the nightly news the brutal wars between Mexican drug gangs reach their border. And afterwards they have watched *The Wire*, which has given them a serious dose of daily inner city reality. Some observers see the collective shrug that greeted the admission of dope-smoking by the - Olympic swimming hero Michael Phelps as a sign that attitudes are changing in middle America.

What would be less clear to TV watchers is the extent to which, under harsh and prescriptive sentencing guidelines, the wrong criminals are locked up. According to Sanho Tree of the Institute for Policy Studies in Washington: 'There have been judges who've been literally in tears because they have been forced to sentence girlfriends of low-level dealers to 20 years. Perhaps they fielded a call for their boyfriends. And then the kingpin walks out in six months depending on how much information they've given.'

Attitudes are certainly changing elsewhere. Several countries, especially in South America, are starting to flirt with liberalisation – Portugal decriminalised all drug use in 2001 and the policy is said to have widespread acceptance. Now the former president of Brazil, Fernando Henrique Cardoso, has called for the decriminalisation of cocaine and says that many serving politicians quietly agree with him.

The South American shift ties in with a growing belief that the US-backed policy of coca eradication has been useless – if the crop disappears from one remote valley, it pops up in another. Meanwhile, the once trumpeted poppy-eradication mission in Afghanistan is increasingly perceived as a strategy that could strengthen the Taliban by curbing overproduction. ‘We’re fighting over minimally processed agricultural commodities,’ says Tree. ‘Heroin, cocaine and marijuana are incredibly cheap to produce. There is an inexhaustible resource of poor farmers to grow these crops and an undiminished supply of consumers. The more we increase law enforcement the greater the risk-reward for the traffickers. It’s an exercise in futility.’

Tree is by no means a lone voice in the Washington policy nexus. Jim Webb, - the Democratic senator for Virginia, said in April that the issue of marijuana legalisation should be ‘on the table’. There is interest too from rightwing libertarians such as the Texas congressman and sometime presidential candidate Ron Paul. Indeed a leading pro-reform voice in Washington is the

Cato Institute, usually associated with the Republicans. And the campaign is backed by well-organised pressure groups.

It is hard to find coherent advocates on the other side of the argument. On the web, I came across Drug Watch International, based in Omaha, promising ‘current information ... to counter drug advocacy propaganda’. The lead item on its site dates from 2002. I did track down its president, Dr John Coleman, formerly an undercover agent at what is now the Drug Enforcement Administration. He proved an amiable interviewee who offered me an intriguingly contrarian defence of the American alcohol prohibition years: unpopular though the law was, drink-related diseases fell. The drug prohibition, he felt, also worked.

‘In the US, the levels of drug use in most categories are lower than in the 1960s, ‘70s and ‘80s. There’s a lot of social change, a lot of ageing out,’ he said. ‘We have a more intelligent law enforcement system. The confiscation laws are very effective. I don’t think we should be surprised if public policies work. We do have drug problems, I’m not minimising them. But if we ignore the progress we’ve made, we’re short-changing ourselves.’

It is the practical men who seem most disposed to support the status quo. The most eloquent I discovered was back in Carlisle – Paul Carter, the cop at the racecourse conference. ‘I joined the police 28 years ago and I went to the deaths of many young people who had overdosed on heroin, particularly, and

each one is an utter tragedy. I think there are fewer now and that we are beginning to make a difference.

‘There’s a cycle of life when you’re on heroin when you’re either asleep or not aware of what’s going on around you. If society sanctioned that effect on another generation, what does that say about us all?’

The policy wonks arguing for change have not, as a rule, attended a dead body in a dingy flat, but the macro-argument tends to lead in another direction even among senior police officers like Norm Stamper, the former police chief of Seattle, who told *The New York Times*: ‘We’ve spent a -trillion dollars prosecuting the war on drugs. What do we have to show for it? Drugs are more readily available, at lower prices and higher levels of potency. It’s a dismal failure.’

The drug laws were dingy from the start: Congress made marijuana illegal in 1937 after a farcical debate, due to pressure from western farmers who wanted their Mexican labourers to work harder. The user community keeps discovering ‘legal highs’, governments promptly ban them whereupon their popularity increases.

In Britain, there is something close to despair among academics about the political process. Drugs are classified A, B and C, allegedly according to the degree of harm. But the theory ignores the immutable constitutional provision that laws are subject to the approval of the editor of the *Daily Mail*. Cannabis was downgraded from B to C and then

back again, to meet the government’s political needs; this had no effect on either suppliers or users.

Ecstasy (which alarms the *Mail*) is deemed a class A drug, the most dangerous rating, although – according to a major study published by *The Lancet* in 2007 – it ranks 18th in degree of harm among 20 well-known substances, ahead only of poppers and khat (both legal) and well behind alcohol and tobacco (ditto). ‘We’re supposed to have evidence-led policy formulation,’ says Mike Levi, professor of criminology at Cardiff University, ‘but it often doesn’t happen in the drugs area.’

At the conferences Levi attends, the argument has shifted. ‘The question of a more rational drug policy is certainly being debated. There aren’t many old-fashioned zealots for the old methods of drug control even in the police, who are more open to change than recent home secretaries. But however good an idea it might be in the abstract it would take a more mature political and media conversation about it before it is likely to happen. Always keep ahold of nurse, for fear of finding something worse, that’s where we are now.’

In Britain, with its top-down system of government, a notionally left-of-centre but illiberal administration and a hysterical press, reform is improbable, although Gordon Brown recently had a brief meeting with Danny Kushlick, from the pro-legalisation group Transform. But there is a new atmosphere in the US, where the change in emphasis in Washington is

enough to allow initiatives to come from below. Already, dope-smoking is de facto legal in California thanks to the lifting of the ban on medical marijuana. Purchase requires a prescription – but anyone who wants a joint but can't find a Californian medic who thinks it will help backache just isn't trying. This system may well spread.

Strangely, all this is happening just as Holland, the country that has been out on a limb for years with its coffee-shop culture, is beginning to row backwards. Once again, though, it may well be an anomaly. The Dutch are starting to tire of their exceptionalism and the drugs tourism that has resulted, just as they have tired of their liberal immigration policies. And the coffee shops have fallen foul of the indoor-smoking taboo.

Drug use generally in Holland seems to be low. But then you can prove almost anything with selective use of drug statistics: it is also low in Sweden, which is surprisingly stern. The main source for these stats is the UN Office on Drugs and Crime, which maintains a huge bureaucracy to fight the drug problem, or at least to collect astonishingly detailed statistics: 3.8 per cent of Scots aged 15-64 use cocaine every year; 21.5 per cent of the same cohort of Ghanaians use cannabis; opium prices in the Phongsaly and Huaphanh provinces of Laos range between \$556 and \$744 per kilo ... You might think that, knowing all this, they might be able to do something.

The UNODC's executive director, Antonio Maria Costa, has been the chief proponent of continued

prohibitionism. But, even as he introduced his 2009 report which, as ever, trumpeted evidence of success, he seemed a little rattled, repeating the new White House line about treatment rather than enforcement while warning that legalisation would be 'a historic - mistake'. He went on: 'Proponents of legalisation can't have it both ways. A free market for drugs would unleash a drug epidemic, while a regulated one would create a parallel criminal market. Illicit drugs pose a danger to health. That's why drugs are, and must remain, controlled.'

Of course drugs need to be controlled, just as alcohol, tobacco, firearms, prescription drugs, food additives and indeed UN bureaucrats with massive budgets need to be controlled. But the whole point is that illicit drugs are not controlled. The international pretence of prohibition sees to that. One of the major arguments advanced for continuing the ban on cannabis is that the currently available strains of the drug do not offer the gentle highs of the hippie years but are intensively cultivated and far more potent, with potentially serious psychological effects. The analysis is correct, according to my stoner friends. But the logic is 180 degrees wrong. Imagine a total ban on tobacco, which is no longer so unthinkable. Among the consequences would be an immediate return to the unfiltered full-strength gaspers of the 1950s, just as American alcohol prohibition produced moonshine. One benign consequence of drug legalisation would be that users would have a guarantee of quality and strength/mildness: an end to heroin

flavoured with brick dust (many believe adulteration is the real killer), and the type of marijuana they actually want.

But the case for legalisation is not about allowing baby-boom couples to enjoy a joint after a dinner party without drawing the curtains or being obliged to visit a dodgy bloke called Dave.

Decriminalisation or even legalising cannabis on its own would achieve little. Something more radical is required. The crucial issue concerns the supply chain: the way prohibition has enriched and empowered gangsters, corrupt officials and indeed wholly corrupt narco-states across the planet. It was a point made eloquently by the Russian economist Lev Timofeev, when interviewed by Misha Glenny for his book about global organised crime, *McMafia*. 'Prohibiting a market does not mean destroying it,' Timofeev said. What it means is placing a 'dynamically developing market under the total control of criminal corporations'. He called the present situation a threat to world civilisation, which international public opinion had failed to grasp.

Proper reform means legitimising production and supply, precisely so it can be controlled. Would it unleash a drug epidemic worse than the one we now have? Well, it would be an unusual child of the 1960s who did not mark the moment with a celebratory joint. But the novelty would soon wear off. And from then on, the places where it is easiest to obtain drugs would no longer be the inside of jails and inner-city school playgrounds.

Imagine a situation – as John Ashton started to do at Carlisle Racecourse – where all drugs were sold in pharmacies licensed for the purpose. - Taxation could be set at a level that brought in revenue but still made illegal dealing uncompetitive. For the more dangerous and addictive drugs there would be compulsory medical supervision. Identity checks and strict record-keeping would be required. There would be laws (which could - actually be enforced) against advertising, adulteration, use in public, driving under the influence and supply to minors.

In what way would that be worse than the present situation?

M. Engel, *Financial Times* (1/8/09)

Canada

HEROIN TRIALS: DIACETYLMORPHINE VS METHADONE

Following on from the randomised control trials of heroin assisted treatment vs control for treatment refractory subjects in Switzerland, the Netherlands, Spain, and Germany, here are the results of the Canadian RCT published in the most prestigious medical journal in the world.

As in the previous studies, the experimental group (heroin assisted treatment) did much better than the controls (oral methadone)

Reference: ‘Diacetylmorphine versus Methadone for the Treatment of Opioid Addiction’, Eugenia Oviedo-Joekes, Ph.D., Suzanne Brissette, M.D., David C. Marsh, M.D., Pierre Lauzon, M.D., Daphne Guh, M.Sc., Aslam Anis, Ph.D., and Martin T. Schechter, M.D., Ph.D.; *The New England Journal of Medicine*, N Engl J Med 2009;361:777-86. (ClinicalTrials.gov number, NCT00175357.)

Background: Studies in Europe have suggested that injectable diacetylmorphine, the active ingredient in heroin, can be an effective adjunctive treatment for chronic, relapsing opioid dependence.

Methods: In an open-label, phase 3, randomized, controlled trial in Canada, we compared injectable diacetylmorphine with oral methadone maintenance therapy in patients with opioid dependence that was refractory to treatment. Long-term users of injectable heroin who had not benefited from at least two previous attempts at treatment for addiction (including at least one methadone treatment) were randomly assigned to receive methadone (111 patients) or diacetylmorphine (115 patients). The primary outcomes, assessed at 12 months, were retention in addiction treatment or drug-free status and a reduction in illicit-drug use or other illegal activity according to the European Addiction Severity Index.

Results: The primary outcomes were determined in 95.2% of the participants. On the basis of an intention-to-treat analysis, the rate of retention in

addiction treatment in the diacetylmorphine group was 87.8%, as compared with 54.1% in the methadone group (rate ratio for retention, 1.62; 95% confidence interval [CI], 1.35 to 1.95; $P < 0.001$). The reduction in rates of illicit-drug use or other illegal activity was 67.0% in the diacetylmorphine group and 47.7% in the methadone group (rate ratio, 1.40; 95% CI, 1.11 to 1.77; $P = 0.004$). The most common serious adverse events associated with diacetylmorphine injections were overdoses (in 10 patients) and seizures (in 6 patients).

Conclusions: Injectable diacetylmorphine was more effective than oral methadone. Because of a risk of overdoses and seizures, diacetylmorphine maintenance therapy should be delivered in settings where prompt medical intervention is available.

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CANADIAN HEROIN TRIAL: INJECTABLE HEROIN ‘MORE EFFECTIVE’ THAN ORAL METHADONE

Dr Alex Wodak, President of the Australian Drug Law Reform Foundation, writes:

The current issue of the *New England Journal of Medicine*, probably the world’s most prestigious medical journal, details the results of a recent Canadian trial comparing injectable heroin with oral methadone as a treatment for heroin injectors.

Like the four previous European trials comparing these two treatments during the past 15 years, the Canadian researchers found that injectable heroin was more effective than oral methadone.

As in the previous trials in Switzerland, the Netherlands, Spain and Germany, the Canadians recruited a group of severely dependent heroin injectors who had not benefited from multiple previous attempts at drug treatment (including several previous episodes of oral methadone treatment).

The average age of the 251 people in this study was almost 40. Males accounted for more than 60%. Almost a quarter were of Aboriginal descent and almost three quarters were homeless, living in shelter or a single-occupancy hotel room.

The average duration of injecting drug use was 16.5 years; 94% had been charged during their lifetime for any crime and almost three quarters had committed illegal activities (other than illicit-drug use) in the previous month. More than half had a chronic medical problem and almost 10% were HIV-positive.

The average number of previous drug treatments was 11.1 (including 3.2 previous attempts at methadone treatment). The group used illicit drugs on most days of the month before entering the study (heroin 26.9, cocaine powder 5.0, crack cocaine 13.4). Median expenditure on drugs in the month before entering the study was \$A1470).

Both groups in the study did well but 88% of the injectable heroin group were retained in addiction treatment compared with 54% in the methadone group.

Illicit-drug use or other illegal activity declined in 67% of the heroin group, compared to 48% in the methadone group. These results were all statistically significant.

Serious adverse events were more common in the heroin group but the only death in the study occurred in a subject receiving methadone. The results in the (optimised) methadone group in this study were better than had been achieved previously in routine treatment.

The heroin group recorded significant improvement in six of the seven subscales while the methadone group improved in two subscales. After adjusting for baseline values, the heroin group improved more than the methadone group in four of the scores (including drug use).

The average number of days in the previous month illicit heroin was used decreased by 80% in the heroin group compared to 56% in the methadone group. Cocaine use remained the same in both groups.

All five trials considered the same variables (drug use, illegal activities, health, and social adjustment) and showed greater benefit from injectable heroin than oral methadone. The heroin group in the Canadian study showed greater improvements in medical and

psychiatric status, economic status, employment and family and social relations.

The authors (rightly) recommended that methadone should remain the mainstay of treatment for the majority of patients. However, for a minority of heroin users with very severe problems who have not benefitted from a range of previous treatments (including high quality methadone maintenance), injectable heroin appears to be a safe and more effective treatment.

The Canadian study was published 12 years and one day after federal Cabinet (at the behest of then Prime Minister John Howard) aborted an Australian heroin trial because this would have "sent the wrong message".

Since then 68% of Swiss voters in a national referendum and 63% of federal politicians in the German parliament have voted in support of heroin treatment as an option for the "worst of the worst". A stable 5% of patients undergoing heroin treatment in Switzerland have required injectable heroin.

Although more expensive than other treatments, economic savings (mainly from reduced crime) are twice the cost of the treatment. No doubt the gnomes of Zurich fully understand that it is more important to invest in cost-effective treatments than to cancel scientific research in order to "send a message to the electorate".

The small minority of severely dependent heroin users who require

treatment with injectable heroin account for something like 30% of the crime associated with heroin. It is better for these individuals, their families and communities that they are attracted, retained and benefit from injectable heroin treatment rather than be allowed to continue to create major problems in the community or to be made even worse at great expense to taxpayers in prison.

Should Australia conduct a heroin trial? There will be insufficient political support for an Australian heroin trial as long as the heroin shortage continues (bringing with it lower numbers of heroin overdose deaths and lower crime rates).

Denmark has decided that the research evidence is strong enough to start this treatment without conducting additional research. That is what Australia should also do, 29 years after this was first officially recommended in Australia (to Premier Neville Wran).

Heroin shortages do not last forever.

United Nations

LETTER FROM UNODC AND UNAIDS SECRETARIAT

Dear colleagues,

With this email, we would like to make you aware of some recent developments in the field of harm reduction, and request you to disseminate this information to your partners in your country, particularly to the members of

the Country Coordinating Mechanisms (CCM), the National AIDS Commissions and civil society.

The sharing and use of contaminated injection equipment among injecting drug users remains one of the most devastating modes of HIV transmission – outside sub-Saharan Africa it accounts for approximately one third of all HIV infections.

Hence it has been identified as a priority area by the UNAIDS Executive Director in the UNAIDS Outcome Framework 2009-2011. In his PCB June 2009 speech, he stressed ‘...we have evidence that effective programmes for harm reduction and substitution therapy can save billions of dollars. During this crisis, UNAIDS will champion these and other evidence informed prevention programmes as smart investments for saving money, saving lives and restoring health and dignity to people.’

Although the Global Fund is the leading multilateral donor of harm-reduction initiatives worldwide, the total allocation for harm reduction interventions is disproportionately low compared to the needs on the ground. Therefore, in countries where injecting drug use is one of the major routes of HIV transmission, it is absolutely critical that the CCMs are properly briefed and assisted in ‘knowing their epidemic’ and in the development and submission of Global Fund proposals – the next Round 10 – having strong focus on harm reduction.

Often, it is the UNAIDS Country Coordinators who represent the UNAIDS family in the CCMs, therefore, we felt it is important that you are aware of the recent decisions taken by various intergovernmental bodies (Commission on Narcotic Drugs (CND), UNAIDS Programme Coordinating Board and Economic and Social Council of the United Nations) concerning injecting drug use and HIV.

Please note that the CND political declaration, the PCB report and the ECOSOC resolution contain critical language on this issue. The decisions (please see annex) of these three UN entities indicate that there is a common understanding in the UN on what is a comprehensive package of HIV services for injecting drug users, namely ‘harm reduction’. For the first time in history, the UN system has clearly defined what harm reduction in relation to HIV is the nine interventions as enumerated in the WHO, UNODC, UNAIDS Target setting guide.

That is a huge leap forward, and now it is time for us to help translate that common understanding into cohesive ‘practical’ programmatic and policy actions at the country level.

Thank you, and with best regards,

Christian Kroll
Global Coordinator for HIV
UN Office on Drugs and Crime

Paul de Lay
Deputy Executive Director
UNAIDS

Some Aspects Of Public Health In CCCP

Evan Thomas

Observant followers of current affairs will have noticed a number of references to alcohol sales, abuse, dependency and binge drinking of late. Readers may be interested in some observations by a family just returned from a 12 month stay in Khabarovsk. This Russian city of around three quarters of million lies 8500 km. east of Moscow and 800 km from Vladivostok. In winter the temperature descends to minus 30 degrees.

That Russia has an alcohol problem is pretty common knowledge. It is certainly obvious in Khabarovsk and whilst alcohol abuse, in common with other drug abuse is a complex matter, retail prices are considered by many to be an important factor. Vodka is a favourite and of course is a traditional Russian drink. A few clues may assist the researcher.

Vodka is A\$2.00 per half bottle [500 ml] and the spirit may be 95% pure, i.e.

190 proof! Perhaps it's to prevent it from freezing in winter! Women as well as men are regular imbibers; to decline at a social function can lead to friction if not handled delicately. Customarily a workman for his lunch will purchase half a loaf of bread and half a bottle of vodka. There is no tax on liquor, or licensed premises as we understand them. Half of the supermarket shelves are occupied by liquor.

Tobacco consumption is also high, even among youngish children. As with alcohol sale to anyone is permitted and at seven cents a pack of twenty, even the very poor are not excluded from the market.

According to the media, Russia is modernising its army. It might be said keeping their own population healthy might be a better way to spend their taxpayers' roubles.

Slipped Through The Net **The story of Melrose Desmond Donley** **by Elly Inta**

will be launched by
THE HONOURABLE LINDA BURNEY
at 5 pm, 22 October 2009
The Jubilee Room, Parliament House, Macquarie St, Sydney

RSVP: Elly 9879 3921 or email: e_inta@bigpond.com

Sometimes I feel like a bridge. I know what it is to be koori and I also know what it is to be white, like, you know. Des Donley

The Runaway Train

The wheels were in motion, the mood was despair!
On a runaway train that was going nowhere.
Driven by Daniel, fuelled by drugs, out of control, he does not care!
This path he has chosen is dark and lonely.
It has no purpose where will it end.
His hopes and dreams no fractured and fail.
Why? Did our son go off the Rail?
The perils are certain at every bend.
This turmoil has become our daily trend.
Along the way a card blew in and quietly said,
Listen closely, I am a friend.
Stop for a moment, catch your breath.
Talk to Michael and Kath at FDS.
They will teach you the program, *Stepping Stone to Success*.
They've been there before, they'll go there again!
And give you the strength to help slow down that train!

Poem Of A Drug Addict's Beginning

Just say 'No'
That's easy for you to say
Thought it would be easy

But the people
The pressure
The popularity

One time
That's all it really takes
All it took to screw me up

To make me steal
To make me lie
To make me not really me at all

Can't stop

Need the next hit
Will do anything to have it

Have sex with you!?
How much?
As long as it's enough

Don't care what my friends think
Don't care who I hurt
I'm having fun

Never want to stop
Always gonna run
From the choices I have made

And keep making

Maranda

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
Melanie	Barasso	21/02/1975	23/09/1993	18
Dean	Berg	03/04/1976	10/09/1997	21
Gena	Brown	11/08/1965	13/10/2000	35
Natasha	Burridge	04/03/1967	08/09/2000	33
Justin	Byrne	07/08/1954	08/09/1998	44
Ronnie	Byrne	27/04/1976	16/10/2003	27
Christopher	Cameron	22/09/1975	09/10/1999	24
Jennifer	Campbell	29/10/1960	17/09/1998	37
Phillip	Daley	23/05/1958	17/09/1994	36
Andrew	Doyle	08/10/1975	08/09/1998	22
Jesse	Dunbar-Kittel	18/11/1973	28/10/1999	25
Mandy	Finch	18/08/1972	27/10/2006	34
Graeme	Flanagan	30/11/1960	29/09/1998	37
Timothy	Green	09/10/1957	21/10/1984	27
Ben	Hatten	09/08/1979	03/10/1997	18
Kane David	Heton	09/10/1985	31/03/2009	23
Anthony	Hill	20/07/1972	21/09/1995	23
Lawrence	King	23/10/1983	10/09/1997	13
Noeline	McGregor	09/01/1977	07/10/1998	21
Naomi Blanch	McLernon	22/03/1974	12/10/1995	21
Paul	Mowbray	18/04/1963	27/10/1997	34
Lauri	Mujunen	21/06/1961	05/10/2001	40
Rohan	Murphy	25/03/1969	20/10/1999	30
Luke	Paton	03/05/1974	13/09/1998	24
Miranda	Ranks	20/12/1981	11/10/1998	16
Yasmine	Roberts		21/10/2002	17
Jeremy	Rose	05/02/1975	06/10/2000	24
Ryan McKaig	Santos	07/06/1973	13/09/1998	25
Gregory	Schultz	28/11/1976	22/09/1997	20
Ian	Stewart	17/02/1954	19/09/1996	42
Randy	Walker	14/01/1960	22/09/2002	42
Grant	Weir	13/12/1975	03/09/1999	23
David	Wilson	15/03/1977	27/09/2000	23
Trevor	Wilson		01/09/1998	26

I Couldn't Save You

Confronting your addiction
I grab your arm
fresh track marks screaming in my face

You throw words of denial and anger
between us
not wanting my help or the truth

I speak reality of the path you're on
but my words fail
shattered and unreceived

I failed ...

Trying to rescue you
once more
from the world of drugs and abuse

You are convinced you'll be fine
as you smile

past the bruises on your face

I offer to take you away to safety
but you were married
to your lover's heroin, crack and
cocaine

I failed ...

Years later you were found
dead
faced down on your bathroom floor

A fresh track mark on your arm from
the one you loved
that took your life in the end

I face your death with broken tears
on my face
knowing I couldn't save you

Searching For Answers

Hi there, my name is Veronica.

My adult daughter aged in her thirties had been addicted to drugs for four years. After her husband left her and the two children for another woman, my daughter's life was turned upside down. For the next five years she could not come to terms with his leaving. Although the two of us were extremely close, I didn't find out until about a year ago that she was addicted to methamphetamine, pain killers and anything that would get her through the day or night. I kept paying the bills, the mortgage, the food and looking after the kids while she had migraines or any

other illness she could think up so she didn't have to deal with her children and the humdrum of life. When we became aware that the children had been assaulted by a boyfriend of hers, I called her ex-husband and said, 'You need to come and get your children. They are in harm's way.' He came immediately and took the children with him. He said he would return them when she sorted herself out.

Through the next 12 months, we would go through hell and back. She got worse, if that was possible, dealing and getting deeper into the underground that these people operate in. Each day, our

whole family would take it in turns to go over and make sure she was still alive. She was skin and bone and still denying she was on drugs. She hated me for taking her kids away and swore she would kill herself if we didn't leave her alone.

In my desperation, I phoned around and asked for help. In the end, I got it from the most unlikely source.

As it happened, some of her friends were also in that scene but had not gone as bad as her. They all started telling me what she was doing, where she would get it from and so I knew each time she scored and how many times.

Then I got a call from one of the big dealers, no names, but he was angry with her for trying to take over his turf. So I was more informed, to the point that I knew every move she made. She lost her house, she had no power, water or food. No children and no friends. She had to ring and call for help. I took her back to the family.

Home and then started the long battle of withdrawal. I took her to five different doctors and psych people, all of them accusing her of being on drugs. She sat there and said, 'No, I'm not. If you don't believe me, test me.' And not one of them did.

Finally, I got an appointment with a doctor who had to assess her for unemployment benefits. He gave her a referral for a urine drug test and we were on our way. There were all sorts of excuses but I would not let her out of the car. And remember, she was still

denying she was on drugs. We had the test done and because she had invited me to the doctor's appointment, I was allowed to share the results. It was the longest two days of my life.

The next day, the doctors rang and read the results over the phone. I nearly vomited, even though I knew she was an addict. The reality was gut-wrenching. I said to her that in my opinion as her mother, that she loved the drugs more than she loved anything or anyone in her life. She even loved them more than her own children. Then I left the house. When I got back she had smashed her phone which is her lifeline. It was destroyed completely.

Then I found a note. Oh, my God, where is she? What has she done? I read the note and in letter that looked like it had been written by a child. She asked me to help her. She would do anything I wanted. It would be one of the most horrific things to watch. Someone you love go through every part of her body was in agony. Even her hair hurt. She would not have a shower because the water hurt. It was long and it was the hardest thing I have ever had to do in my life because I had to live it with her. She never went anywhere for months. She could not face anyone, but bit by bit, things started happening. She paid all her debts, even her drug debts. She got both her children back and she was happy again.

The little things in life really pleased her. She was smiling and the children and her were making plans to move into their own home again.

On 5 May this year, two days before her daughter's 9th birthday, the kids woke me up and said, 'I think Mummy is dead.' I ran down to her room and she was so cold. I tried to resuscitate her but it was too late. My girl was gone. After all that, my girl was gone. She died of a blood clot in her heart.

We now have custody of our grandchildren. My heart is broken. But I have this need to help others in our situation who are going through the same hell that is caused by drugs.

Veronica

Don's Reviews

Poppy by Gregor Salmon (Edbury, Random House 2009)

Black Ice by Leah Giarratano (Bantam, Random House 2009)

Well, it isn't going to take a massive Google search on anybody's part to work out what these two books are about in one way or another. We'll start with **Poppy**, an autobiographical account of Gregor Salmon's odyssey involving several months' examination of the poppy traffic in Afghanistan. Salmon was determined to involve himself in the, shall we say, *grass roots* of it all. His meetings and confrontations with so many Afghans who were/are, in one way or another, bound up with poppy production, make intriguing reading.

To my mind, and I'm by no means an expert, this is not the best book on Afghanistan and its unbelievably horrid plight, nor is it one of the best-written. If you want the best book (again in my opinion) I think you still have to go to Robert Fisk's ***The Great War for Civilisation: The Conquest of the Middle East*** (Fourth Estate, UK), or

more closer to home the recent work of Paul McGeough (try this URL for his latest assessment:

<http://www.smh.com.au/world/president-faces-date-with-destiny-but-tea-leaves-are-muddy-20090817-eno3.html>).

As Fisk's book is also told from the first person point of view, the pair of them make for fascinating, if despairing reports. At times, Salmon unsettles me a bit (and I'm certainly not squeamish, as words my business) by his unnecessarily coarse language and a tendency towards what may best be described as sweeping statements. Nevertheless, much of the narrative is gripping and, if it is to be totally believed, frightening on an individual basis. He also gets closer than anything I've read to the sexual problems within the country (obviously the subjugation of women, but also the exploitation of vulnerable boys, both by kidnapping and unattainable promises).

It was quite fascinating to read of the significant degrees of dissent, in various parts of the land, to the traditional attitudes to such matters as the treatment of women: Salmon

himself is surprised and discomfited quite frequently by admissions and confessions along the way. Even the “politically correct” ruling parties have stirred serious doubts within their own strongest communities, and the corruption which was in direct opposition to the claims of George W. Bush and the established government of Afghanistan is exposed in a series of first-hand experiences and private sharing of information.

It’s an intriguing book and some of the first and second-hand reports provided for the author are every bit as unnerving as the ones that Fisk uncovered a few years ago, although I didn’t see anything that matched up to Fisk’s one-on-one encounter with Osama bin Laden. You want scary? *That* was scary. There’s often a gap in Salmon’s book, at least for me, between the interviewer and the interviewee(s). However, this isn’t true of one of the most remarkable of the chapters, Chapter 15, which should surely be published as an extract by one of our weekly or monthly specialist news magazines. The details of the role of the CDCs (community development councils) reveal information that you won’t find it in your local newspaper. Frankly, it’s the most encouraging information we could hope for.

Black Ice is the first Leah Giarratano novel I’ve come across, and is naturally dubbed “*Her sensational new bestseller*” across the front of the cover. Dr Giarratano is a psychologist with an eminent track record which is starkly revealed inside the back cover; she is also a Channel 7 celebrity. Doubtless

many of our members will know a lot more about her than I do and there isn’t any question that the book will have a wide and appreciative audience. It’s her third novel, and since I didn’t know her I resourced the information available. Reputable reviewers from major newspapers, along with *Good Reading* which is of course a specialist Australian magazine of high repute, have all given the previous two novels their thumbs up.

This one, told in a series of short chapters (71 plus an epilogue in a little over 300 large print pages) didn’t get through to me. Maybe I set the bar too high and, as a result, I was searching for, or expecting, something of a more significant literary standard. I guess I’m sounding a bit like a wouser, but gratuitous exploitation of the F word doesn’t impress me (it doesn’t do anything, but with my reviewing hat on I found myself wondering about its significance- and couldn’t find any). Maybe it is very much a part of the world of Jill Jackson and Cassie in this “novel” and that it’s yours truly who’s out of step. I’ll wear that, and I’m not saying I didn’t like the book, because that’s irrelevant. But trying to find meaningful things to say, trying to exclude myself as reader from the contract and to see any great merit in this book has defeated me.

It would make a good book to read on a train and you’d knock off the 300 pages between Sydney and Katoomba or Newcastle. My bet is that you’d have forgotten the book 48 hours later. It seems to me that it’s all been done before, and better.

Need Help?

Family Drug Support – Office	(02) 4782 9222; fax (02) 4782 9555
Family Drug Support – Helpline	1300 368 186
ADIS (Alcohol & Drug Information Service) (NSW) Provides 24 hour confidential service incl. advice, information and referral	(02) 9361 8000 / 1800 422 599 <i>country callers</i>
AIDS HIV Info Line	(02) 9206 2000 / 1800 063 060 <i>country callers</i>
Directions ACT	(02) 6122 8000
Drugs in the Family (Canberra)	(02) 6257 3043
Families & Friends for Drug Law Reform (Canberra)	(02) 6254 2961
Family Drug Support (Adelaide)	(08) 8384 4314 / 0401 732 129
Family Drug Help (Melbourne)	1300 660 068
Hepatitis C Info & Support Line	(02) 9332 1599 / 1800 803 990
Nar-Anon	(02) 9418 8728
Narcotics Anonymous Self-help for drug problems	(02) 9565 1453 / 0055 29411
NCPIC (Information & Helpline)	1800 304 050
NUAA (NSW Users & Aids Association)	(02) 8354 7300 1800 644 413 <i>country callers</i>
Parent Drug Information Service WA	(08) 9442 5050 1800 653 203 <i>country callers</i>
Parent Line NSW	13 20 55
Ted Noffs Foundation Centre for youth and family drug and alcohol counselling services	(02) 9310 0133

Contributions to FDS Insight do not necessarily reflect the opinions of FDS or its Board

Family Support Meetings Sep/Oct 2009



Non-religious, open meetings for family members affected by drugs and alcohol. Open to anyone and providing opportunities to talk and listen to others in a non-judgemental, safe environment. **General enquiries: FDS Office (02) 4782 9222**

Note: NO MEETINGS HELD ON PUBLIC HOLIDAYS.

- NSW – Sydenham..... every Monday (7 – 9 pm)**
St Peters Town Hall, 39 Unwins Bridge Rd, Sydenham. *Enquiries:* Bob 0400 362 667
- NSW – Penrith.....1st Wednesday of month: 2 Sep; 7 Oct; 4 Nov (7 – 9 pm)**
Drug & Alcohol Services Bldg, Nepean Hospital
cnr Gt Western Hwy & Somerset St, Kingswood. *Enquiries:* (02) 4782 9222
- NSW – Chatswood1st & 3rd Wednesday of month: 2 & 16 Sep; 7 & 21 Oct; 4 & 18 Nov (7 – 9 pm)**
Dougherty Community Centre Studio, 7 Victor St, Chatswood
Enquiries: Liz 0417 429 036 or Michelle 0402 122 563
- NSW – Kincumber 1st & 3rd Tuesday of month: 1 & 15 Sep; 6 & 20 Oct; 3 & 17 Nov (7 – 9 pm)**
Arafmi Cottage, 6/20 Kincumber St, Kincumber. *Enquiries:* Marion 0439 435 382
- NSW – Charlestown.....every Tuesday (10 am – 12 noon)**
Uniting Church (opp Attunga Park) 24 Milson St, Charlestown. *Enquiries:* Jim: 0439 322 040
- NSW – Newcastle.....1st & 3rd Wednesday of month: 2 & 16 Sep; 7 & 21 Oct; 4 & 18 Nov (6 – 8 pm)**
Newcastle Tabernacle Baptist Church, cnr Laman & Dawson Sts, Newcastle
Enquiries: Martina 0428 169 898
- NSW – Port Macquarie..... Monday every fortnight: 14 & 28 Sep; 12 & 26 Oct; 9 & 23 Nov (6 – 8 pm)**
Education Rooms, rear of Community Health Centre (next to water tank)
Morton St, Port Macquarie. *Enquiries:* Pam (02) 6583 1704
- NSW – Byron Bay 2nd & 4th Monday of month: 14 & 28 Sep; 12 & 26 Oct; 9 & 23 Nov (7 – 9 pm)**
Guide Hall, Carlyle St, Byron Bay (behind tennis courts across from Byron PS)
Enquiries: Margaret 0427 857 092
- NSW – Coffs Harbour..... 1st & 3rd Monday of month: 7 & 21 Sep; 5 & 19 Oct; 2 & 16 Nov (7 – 9 pm)**
The Mudhut, Duke St, Coffs Harbour. *Enquiries:* Theo 0402 604 354
- ACT – Canberra..... Thursday every fortnight: 10 & 24 Sep; 8 & 22 Oct; 5 & 19 Nov (7.30 – 10 pm)**
Drugs in the Family. *Enquiries:* (02) 6257 3043
- SA – Leabrook..... Wednesday every fortnight: 2, 16 & 30 Sep; 14 & 28 Oct; 11 & 25 Nov (7.30 – 9 pm)**
Knightsbridge Baptist Church Hall. 455 Glynburn Rd, Leabrook
Enquiries: Kath (08) 8384 4314 or 0401 732 129
- SA – Hallett Cove Wednesday every fortnight: 9 & 23 Sep; 7 & 21 Oct; 4 & 18 Nov (7 – 9 pm)**
Cove Youth Services, Suite 11, 1 Zwerner Dr, Hallett Cove
Enquiries: Kath (08) 8384 4314 or 0401 732 129
- SA – SalisburyMonday every fortnight: 7 & 21 Sep; 19 Oct, 2; 16 & 30 Nov (7 – 9 pm)**
Shopfront Health Services, 3-4/72 John St, Salisbury
Enquiries: Kath (08) 8384 4314 or 0401 732 129 ***NOTE: 5 OCT IS A PUBLIC HOLIDAY***
- VIC – Geelong Wednesday every fortnight: 9 & 23 Sep; 7 & 21 Oct; 4 & 18 Nov (7 – 9 pm)**
Glastonbury, 222 Malop St, Geelong. *Enquiries:* Linda 0400 106 358
- VIC – Ballarat Monday every fortnight: 14 & 28 Sep; 12 & 26 Oct; 9 & 23 Nov (7 – 9 pm)**
Kohinoor Community Centre, 417 Errard St, South Ballarat. *Enquiries:* Linda 0400 106 358
- QLD – Brisbane: Meetings have been temporarily suspended until a new venue is found**